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Use of Psychiatric Facilities by Children and Youth, United States 1975

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Use of Psychiatric Facilities by Children and Youth, United States 1975

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CONTENTS

	Page
Introduction	1
Utilization Patterns and Characteristics of Children and Youth in Selected Inpatient and Outpatient Services	2
Overview	2
Number Served in Different Facility Types	3
Age, Sex, and Race	3
Diagnostic Characteristics	6
Prior Psychiatric Care	7
Referral Source	7
Type of Treatment	9
Principal Source of Payment	10
Length of Stay/Number of Visits	13
Disposition	14
Staffing Patterns: Outpatient Clinics	15
Special Issues	17
Increasing Demands for Service	17
Mental Health Program Needs: 1975 and the 1980s	17
Summary and Discussion	20
Differences in Patterns of Use Among Outpatient and Inpatient Facilities	20
Needs	22
Notes	24
Appendix A: 1975 Survey Designs and Procedures and Survey Instruments	27
Appendix B: Tables	45

Page

List of Tables and Figures

Table

1. Selected characteristics of children and youth admitted to psychiatric services, United States, 1975 1

2. Distribution of admissions under 18 years of age compared to admissions of all ages by type of facility, selected inpatient and outpatient psychiatric services, United States, 1975 3

3. Admission rates per 100,000 population by age for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 5

4. Distribution by diagnosis for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 .. 6

5. Distribution by referral source for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 8

6. Distribution by type of treatment for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 9

7. Distribution by type of therapy, sex and race for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 11

8. Distribution by expected principal source of payment for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 12

9. Distribution by length of stay and expected principal source of payment for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 12

10. Distribution by number of visits and expected principal source of payment for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 13

11. Median days of stay by primary diagnosis for children and youth admitted to selected inpatient psychiatric services, United States, 1975 14

12. Distribution by disposition for children and youth admitted to selected inpatient and outpatient psychiatric services, United States, 1975 15

13. Admission rates per 100,000 population under 18 years of age, changes in rates, and percent changes in rates for selected mental health services, United States, 1971 and 1975 17

Figure

1. Age distributions of inpatients and outpatients..... 4

2. Change in admission rate per 100,000 population under age 18 for selected mental health services, U.S., 1971 to 1975 18

INTRODUCTION

During the past two decades, there has been a growing interest in the mental health of our Nation's children and youth. With this has come a greater recognition of the need for specific information on the extent to which our young people require and use mental health services. Issues in these areas have been addressed by various experts (1,2,3,4,5), by numerous researchers (6), and through nationwide surveys conducted by the National Institute of Mental Health (NIMH). The results have been most valuable to those who plan and deliver mental health services to children and youth.

This report provides the most recent nationwide information on the extent to which children and youth use psychiatric services. It is based primarily on four surveys conducted in 1975 by the NIMH. Included in the surveys are inpatient services of private mental hospitals and State and county mental hospitals, inpatient psychiatric services of non-Federal general hospitals (public and nonpublic), and outpatient psychiatric services. Data from non-Federal general hospitals are based on discharges; all other populations represent admissions. Descriptions of the survey designs and procedures appear in appendix A, along with selected samples of the survey instruments.

These 1975 survey data are limited in several ways. First, they are of limited use in estimating incidence, prevalence, or need/service ratios. They do not include patients in several types of federally funded hospitals (see appendix A), those admitted to federally assisted comprehensive community mental health centers (although some data from centers are presented in this report), or those served by private practitioners, schools, special demonstration programs, substance abuse centers, and so forth. These surveys are based on admissions or discharges; a youngster entering or terminating treatment more than once during the year could be counted as a separate admission or discharge. Also, the data were not amenable to several refined comparisons because of the small (unreliable) sample sizes in the breakdowns. These samples prohibited analyses of differences by sex and race on such dimensions as referral sources, diagnosis, and so forth.

Despite these limitations, the data permit some interesting comparisons between inpatients and outpatients and provide a rich source of information about the characteristics and service patterns of persons under age 18 who were served in these facilities in 1975. Where appropriate, these survey data are supplemented by information extracted from the literature (7) or collected from other mental health facilities by the NIMH.

UTILIZATION PATTERNS AND CHARACTERISTICS OF CHILDREN AND YOUTH
IN SELECTED INPATIENT AND OUTPATIENT SERVICES

OVERVIEW

An estimated 441,429 persons under age 18 were admitted to or discharged from private mental hospitals, State and county mental hospitals, non-Federal public and nonpublic general hospitals, and outpatient psychiatric services in 1975. Seventy percent of these youngsters were between the ages of 10 and 17; 61 percent were male; 78 percent were white; and 43 percent received the diagnosis of adjustment reactions of childhood and youth (table 1).

Table 1. Selected characteristics of children and youth admitted to psychiatric services a/, United States, 1975

Number of clients	441,429
Characterstics	**Percent**
Total	100%
Age	
Under 5	4
5- 9	26
10-14	36
15-17	34
Sex	
Male	61
Female	39
Race	
White b/	78
Black	19
All other races	2
Primary diagnosis c/	
Adjustment reactions of children and youth	43
Behavior disorders of children and youth	14
Personality disorders and neuroses	7
Schizophrenia	5
Depressive disorders	4
Mental retardation	4
Other diagnosis	23

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

b/ Approximately 6 percent of the white youngsters were of Hispanic origin.

c/ See appendix B for a further breakout of diagnostic groupings and for the DSM-II codes included in each category.

Note: Percentages may not add to 100 percent due to rounding.

In the pages that follow, the discussion is largely limited to comparisons between inpatient and outpatient populations. The data are extracted from detailed tables presented in appendix B (tables B-1 through B-21).

NUMBER SERVED IN DIFFERENT FACILITY TYPES

Table 2 presents the estimated number of youngsters admitted to each type of facility. As shown, 81 percent of the youngsters were seen in outpatient services; 19 percent were hospitalized. These children and youth comprised 18 percent of the total population admitted to these facilities.

The estimated numbers, percent distribution, and rates per 100,000 population for each inpatient and outpatient population under age 18 appear in table B-1. Differences in rates between outpatient and (total) inpatient populations are substantial: 540 versus 126.

AGE, SEX, AND RACE

Age. There were substantial differences in the proportions of some age groups in inpatient and outpatient care (see figure 1; also table B-1). The most striking differences occurred in the 5-to-9 and 15-to-17-year-old groups. In percentage terms, more outpatients than inpatients were between the ages of 5 and 9 (31 versus 3 percent) but more inpatients than outpatients were in the 15-to-17-year-old group (66 versus 26 percent). Among the inpatient facilities, non-Federal general hospitals had the highest proportion of 15-to-17-year-olds (71 percent), State and county mental hospitals the smallest (55 percent).

Table 2. Distribution of admissions under 18 years of age compared to admissions of all ages by type of facility, selected inpatient and outpatient psychiatric services a/, United States, 1975

Type of facility	Total patients - all ages		Persons under 18 years of age		
	Estimated number	Percent distribution	Estimated number	Percent distribution	Percent of total clients in each facility type
Total	2,436,671	100%	441,429	100%	18%
Private mental hospitals	129,832	5	15,426	3	12
State and county mental hospitals	385,237	16	25,252	6	7
Total non-Federal general hospitals b/	515,537	21	42,690	10	8
Outpatient psychiatric clinics	1,406,065	58	358,061	81	25

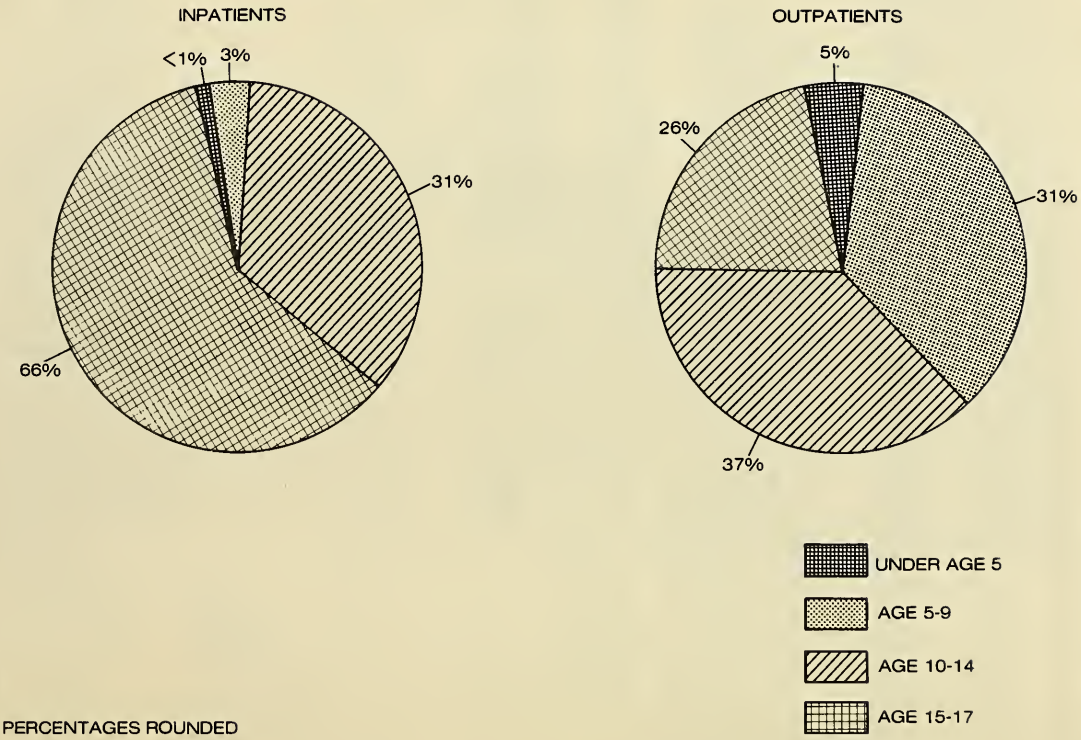
a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

b/ Of the 42,690 youngsters discharged from non-Federal general hospitals, 11,067 (26 percent) were discharged from public general hospitals, and 31,623 (74 percent) were discharged from nonpublic general hospitals.

Note: Percentages may not add to 100 percent due to rounding.

FIGURE 1

AGE DISTRIBUTIONS OF INPATIENTS AND OUTPATIENTS (PERCENTAGE[1])



PERCENTAGES ROUNDED

When viewed in terms of rates per 100,000 population, the data suggest that growing older increases a youngster's chances of being admitted to an inpatient or outpatient psychiatric service (table 3). For children under age 15, the treatment appears especially likely to be received on an outpatient basis.

Sex. Males accounted for more than half of all youthful admissions to outpatient and inpatient facilities combined (63 percent of outpatient and 53 percent of inpatient) (table B-1). There were deviations from this pattern in certain inpatient facilities. These occurred in private mental hospitals and in nonpublic non-Federal general hospitals where females comprised 51 and 58 percent of the respective youthful populations.

Sex ratios (males per 100 females under age 18) varied in each facility type: 183 in State and county mental hospitals; 174 in outpatient psychiatric clinics; 97 in private mental hospitals; and 88 in non-Federal general hospitals.

Race. Seventy-eight percent of the outpatients and 79 percent of the inpatients were white (table B-1). Thus, there were no substantial differences in the proportions of white and minority group youngsters in outpatient and inpatient services. There were differences among the various inpatient facilities, however. Studies indicating that minority group persons are more likely to be committed to publicly operated hospitals (8) were substantiated by these data. Larger proportions of minorities (approximately 31 percent) were in both types of public inpatient hospitals, while they comprised only about 10 to 14 percent of the populations of nonpublic general hospitals and private mental hospitals, respectively. With the exception of these private and nonpublic inpatient facilities, rates (per 100,000) for blacks exceeded those for whites. The black inpatient combined rate for all inpatient facilities was higher than the combined white inpatient rate (173 versus 119). A similar pattern held in outpatient clinics where the rates were 715 (blacks) and 506 (whites).

Table 3. Admission rates per 100,000 population a/ by age for children and youth admitted to selected inpatient and outpatient psychiatric services b/, United States, 1975

Age group	Inpatient	Outpatient
Total c/.....	126	540
Under 5.....	3	112
5- 9.....	14	645
10-14.....	126	657
15-17.....	433	748

a/ Population estimates used as denominators in rate computations are from Current Population Reports, Bureau of the Census, Series P-25, No. 614.

b/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

c/ Figures rounded; see table B-1 for refined breakdowns.

DIAGNOSTIC CHARACTERISTICS

The diagnostic categories used in these surveys are based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (9) and are commonly referred to as the DSM-II categories. Their use with children is controversial. The system is heavily adult oriented, although it does have sections on schizophrenia (childhood type), mental retardation, adjustment reactions of childhood and adolescence, and behavior disorders of childhood and adolescence. Some experts and researchers claim that the DSM-II categories do not reflect developmental differences among children (10), that categories intended for adults are sometimes applied to children (11), that low income persons are more likely than higher income persons to be diagnosed as severely disturbed (12), and that some States encourage the use of a single DSM-II category -- adjustment reactions of childhood and adolesence -- to avoid stigmatizing children (13). The extent to which these problems affect the reliability and validity of the diagnostic data reported in these surveys cannot be determined from the information collected.

The 1975 data on diagnoses, however, may well reflect the reported attempts by some States to avoid stigmatization through the singular use of the DSM-II category, adjustment reactions of childhood and youth (see table 4; also table B-2). As noted previously, this diagnosis

Table 4. Distribution by diagnosis for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Primary diagnosis	Inpatient	Outpatient
Number of clients	83,368	358,061
Total	100%	100%
Adjustment reactions of children and youth	30	45
Behavior disorders of children and youth	13	15
Schizophrenia	17	2
Depressive disorders	13	2
Personality disorders	9	4
Neuroses	5	2
Alcohol and drug disorders	4	*
Mental retardation	2	4
Other diagnosis	5	26

* Five or fewer sample cases -- estimate not shown because it does not meet standards of reliability.

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

Note: Percentages may not add to 100 percent due to rounding.

characterized 43 percent of the entire youthful population. It was received by approximately 45 percent of all outpatients and 30 percent of the inpatient population and was the major diagnosis for all groups except inpatients under age 10 and 15-to-17-year-olds in public non-Federal general hospitals. With the exception of the public general hospitals, the percentages of youngsters with this diagnosis in the 10-to-14-year-old populations exceeded those in the 15-to-17-year-old populations by 10 to 30 percentage points in all types of facilities.

Behavior disorders of childhood and youth ranked second among the specific diagnoses received by all outpatients (15 percent) but was only the fourth major category applied to the total inpatient population (13 percent). However, this was the major diagnosis for children under age 10 in all types of inpatient facilities; these younger inpatient groups were about 3 to 19 times more likely than any other inpatient or outpatient age group to receive this diagnosis.

The second and third most frequent diagnoses given to the total inpatient population attest to the greater severity of disorders among hospitalized youngsters. These were schizophrenia and depressive disorders which, respectively, accounted for approximately 17 and 13 percent of the diagnoses received by the total inpatient population. These two diagnoses were approximately 6 to 8 times more likely to be received by the total inpatient population than by the outpatient population. However, in both the outpatient and total inpatient populations, the 15-to-17-year-old age groups were 1.5 to 4.0 times more likely to receive these diagnoses than their younger counterparts. There was one major difference between inpatient facilities -- only 3 percent of the patients in State and county mental hospitals received the diagnosis of depressive disorders, compared to between 14 to 20 percent of the patients in other types of hospitals.

Several DSM-II categories characterized approximately 2 to 9 percent of the total inpatient and outpatient youthful populations under age 18. The diagnosis of personality disorders, neuroses, and drug and alcohol disorders was 2.5 to 4.0 times more likely to be received by inpatients than by outpatients, whereas outpatients were about twice as likely to receive the diagnosis of mental retardation.

PRIOR PSYCHIATRIC CARE

Two-thirds of the children and youth admitted to psychiatric facilities in 1975 had not received any previous psychiatric care. Almost twice as many outpatients (74 percent) as inpatients (38 percent) had no prior care (table B-3). However, a history of no previous psychiatric care was more pronounced in the younger age groups, especially the group under age 10. Outpatients and inpatients under age 10 were, respectively, 1.2 to 1.8 times more likely than their older counterparts to have had no previous care. Obviously, age increases the likelihood that mental or emotional problems will be recognized, acknowledged, diagnosed, and treated; however, the pattern of less prior care among younger children also may reflect the tendency of some parents to reject psychiatric treatment for their young children with reinforcement by medical practitioners who believe the children are merely "going through a phase" (14).

The patterns of previous psychiatric care differed for the approximately 26 percent of the outpatients and 61 percent of the inpatients who had received treatment. A few had received previous psychiatric treatment from more than one source. Most of the outpatients (22 percent of the total population) had been treated previously in an outpatient service, whereas a majority of the inpatients (42 percent of the total population) had received prior care in an inpatient service. Previous treatment by a private psychiatrist was limited largely to inpatients (19 percent versus 2 percent of the outpatients). Inpatients in private and nonpublic hospitals were about 2.0 to 3.5 times more likely than inpatients in public hospitals to have had previous treatment from a private psychiatrist.

REFERRAL SOURCE

The children and youth served in psychiatric facilities in 1975 were referred to care by several different types of persons or agencies (see table 5; also table B-4). The referral patterns varied for patients in different age groups and in different types of facilities.

Table 5. Distribution by referral source for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Referral source	Inpatient	Outpatient
Number of clients	83,368	358,061
Total	100%	100%
Self, family, friend	20	26
Police, court or correction	17	10
Private psychiatrist	18	1
Other physician	7	11
Inpatient psychiatric service	7	1
Outpatient psychiatric service	9	4
Other	22	48

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units;and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

Note: Percentages may not add to 100 percent due to rounding.

Excluding an unspecified "other" category, the referral source for the greatest proportions of outpatients (26 percent) and inpatients (20 percent) was "self, family, or friend"; there was almost no variation from these patterns among the different age groups. However, the proportion (24 percent) of inpatients referred to public and nonpublic non-Federal general hospitals by "self, family, or friend" was 8 to 10 percent greater than corresponding figures for private mental hospitals and State and county mental hospitals.

Overall, inpatients were about twice as likely as outpatients to have been referred to care by "police, court, or corrections" (17 versus 10 percent); however, there were substantial deviations from this general pattern by age group and facility type. For example, only a few children under age 10 but approximately 18 percent of all 15-to-17-year-old outpatients and inpatients were referred by these authorities. Inpatients in public hospitals were two to three times more likely than those in the privately operated hospitals to have been referred by "police, court, or corrections." Legal and law enforcement authorities, in fact, were the major referral source for patients in State and county mental hospitals and accounted for one-third of all referrals to these facilities. Statistical relationships between low income and commitment to a public institution with the label of delinquent have long been reported (15) and may be a partial explanation of these findings.

Approximately 18 percent of all inpatients were referred for care by private psychiatrists (compared to about 1 percent of the outpatients). Inpatients over age 10 were about twice as likely as those under age 10 to be referred by a private psychiatrist. Further breakdowns by inpatient facilities again suggest social class differences between patients in private hospitals and those in publicly operated hospitals. Private psychiatrists accounted for the largest proportion (42 percent) of the referrals to private mental hospitals but for the

smallest proportion (2 percent) of referrals to State and county mental hospitals. Similarly, youngsters in nonpublic general hospitals were more than twice as likely as those in public general hospitals to have been referred by a private psychiatrist.

"Other physicians" was a referral source for small percentages of the outpatients and inpatients (11 versus 7). Outpatients under age 10 were about twice as likely as any other age group of patients to be referred by this source.

Inpatient psychiatric services were not a major referral source for any group but were a greater referral source for inpatients than for outpatients (7 versus 1 percent). More of the inpatients than outpatients (9 versus 4 percent) also were referred by outpatient psychiatric services. Outpatient services were the second major referral source for two groups: inpatients under age 10 and those in State and county mental hospitals (18 percent in each group).

TYPE OF TREATMENT[1]

Approximately 2 percent of the inpatients and almost one-third of the outpatients received only intake and/or diagnostic evaluation services after admission to psychiatric facilities in 1975 (table 6). In some outpatient groups, more than one-third of the youngsters (34 to 38

Table 6. Distribution by type of treatment for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Type of treatment	Inpatient	Outpatient
Number of clients	83,368	358,061
Individual therapy.....	80%	54%
Family therapy.....	34	34
Group therapy.....	59	8
Drug therapy.....	57	3
Other psychiatric treatment	22	4
No psychiatric treatment c/	2	32

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units, and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

b/ Persons may receive more than one type of therapy. Thus, percentages may add to more than 100 percent.

c/ Received only intake and/or diagnostic evaluation services.

[1]Note: In facilities other than general hospitals, treatment data reflect only the admission/3-month-followup period (see appendix A); thus, some patients may have received more treatment than indicated in these data.

percent) received only these services; they were males, races other than white, children under age 10, and adolescents age 15 to 17 (tables B-5, B-6, and B-7). The performance of diagnostic evaluations for school systems in outpatient facilities probably accounts for some proportion of the outpatients who received only intake and diagnostic evaluation services in these facilities.

As indicated in table 6, some children and youth who were provided treatment received more than one type of therapy. Among those provided treatment, inpatients received an average of 2.6 different therapies and outpatients an average of 1.5 therapies (including an unspecified "other psychiatric treatment"). However, the patterns for different types of therapy by age group, sex, race, and diagnostic group varied by type of facility and between the total inpatient and outpatient populations so that only general trends for these different groups are presented here. Detailed data appear in tables B-5, B-6, and B-7.

Individual therapy was the specific treatment provided to the largest proportions of the total outpatient (54 percent) and inpatient (80 percent) populations. More of the inpatients in private (93 percent) and non-Federal general hospitals (86 percent) received this therapy than inpatients in State and county mental hospitals (62 percent). In general, the groups most likely to receive individual therapy were females, whites, inpatients under age 10, inpatients who received the diagnosis of depressive disorders, and outpatients diagnosed as schizophrenic.

Family therapy was provided to approximately one-third of all outpatients and inpatients; it ranked second as the treatment provided for outpatients, fourth for the inpatient population. It was most likely to be provided to inpatients in private mental hospitals, children under age 10, females, whites, and inpatients diagnosed as schizophrenic.

Group therapy ranked second as the treatment provided for the inpatients; 59 percent of all inpatients received this therapy (compared to 7 percent of all outpatients). The inpatient groups most likely to receive group therapy were those age 10 to 14, whites, those with depressive disorders, and those in private mental hospitals.

Drug therapy ranked third as a treatment for inpatients; 57 percent of the inpatient population received this therapy (compared to 3 percent of all outpatients). The inpatient groups most likely to receive drug therapy were youth age 15 to 17, whites, those diagnosed as schizophrenic, and inpatients in private mental hospitals and nonpublic general hospitals.

It was noted previously that females and whites were more likely than males and minority group youngsters to receive most types of therapy. These data are summarized in table 7 for inpatients and outpatients who received four major types of therapy. The differences in the percentages of male and female groups are not great when one compares each sex group in the same type of facility; that is, any differences range only between 1 and 6 percentage points. Differences between whites and minority group youngsters in each facility type are generally greater, with a range between 2 and 20 percentage points. For both inpatients and outpatients, the greatest differences between white and minority group youngsters occur for family therapy. These data suggest that the differential treatment reported for white and minority group youngsters prior to 1970 (16) may have been characteristic of treatment in the mid-1970s as well.

The reported social class biases in treatment (17) also may be reflected in some of these data. All types of therapy were provided to larger percentages of inpatients in private mental hospitals than in State and county mental hospitals. A similar pattern held for inpatients in nonpublic and public general hospitals. Income differentials between patients in publicly and privately operated facilities are suggested by the data on principal sources of payment; these show that Medicaid, some other Government payment, or "no charge" were far more characteristic of inpatients in publicly operated hospitals than in the privately operated hospitals in which the payment sources were more likely to be some form of commercial insurance (see table B-8).

PRINCIPAL SOURCE OF PAYMENT

Commercial insurance (including Blue Cross) was the expected principal source of payment for about one-half (47 percent) of the inpatients compared to only 8 percent of the outpatients (table 8). This reflects the general lack of coverage for outpatient services in such poli-

Table 7. Distribution by type of therapy, sex and race for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Type of facility/therapy	Sex		Race	
	Male	Female	White	All other
Inpatient				
Individual therapy	77	83	82	72
Family therapy....	32	37	38	18
Group therapy.....	59	59	61	50
Drug therapy.....	58	56	59	51
Outpatient				
Individual therapy	54	55	55	50
Family therapy....	32	37	36	25
Group therapy.....	6	9	8	5
Drug therapy.....	3	4	3	5

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

cies. Medicaid or other Government programs were the expected source of payment for 39 percent of the inpatients and 25 percent of the outpatients, while personal payment was the source cited for 8 percent of the inpatients and 42 percent of the outpatients. (For further details see table B-8.) This finding is consistent with a survey conducted by the American Association for Psychiatric Services for Children which found that a broader coverage exists for inpatient than for outpatient services for children and youth (18).

Thus, the pattern is that inpatient services are considerably more likely to be paid by commercial insurance or Government sources (a total of 86 percent of patients) than are outpatient services (a total of 33 percent). The extent to which this payment pattern encourages use of inpatient services by persons who could be served as effectively in outpatient facilities is a matter of some controversy in the field (19,20). The patterns for each payment source by type of treatment appear in table B-9. In general, individual therapy was the treatment covered for the largest percentages of the inpatients and outpatients.

Table 9 shows that patients who must pay personally were more likely to remain less than 8 days in inpatient psychiatric facilities than other patients (34 percent versus 22 percent, respectively). (See table B-10 for further details.) This raises the question of whether insurance and/or Government payments make it possible for patients to remain for longer periods. Certainly, there is a common belief that the availability of third party payments encourages higher use of services.

With respect to outpatient psychiatric facilities, table 10 shows no clear relationship between source of payment and number of visits. In fact, patients who were expected to pay personally were more likely than others to experience more than one visit. (See also table B-11.)

Table 8. Distribution by expected principal source of payment for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Payment source	Total	Inpatient	Outpatient
Number of clients	441,429	83,368	358,061
Total.....	100%	100%	100%
Blue cross and commercial insurance	16	47	8
Government b/.....	28	39	25
Personal payment.....	35	8	42
No charge.....	21	5	24
Other.....	*	1	*

* Less than 0.05 percent.

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

b/ Medicare, Medicaid, and other Government sources.

Note: Percentages may not add to 100 percent due to rounding.

Table 9. Distribution by length of stay and expected principal source of payment for children and youth a/ admitted to selected inpatient and outpatient psychiatric services b/, United States, 1975

Length of stay	Blue Cross and commercial insurance	Government c/	Personal payment
Number of clients	39,577	32,499	6,487
Total.....	100%	100%	100%
Less than 8 days.	22	22	34
8 - 30 days.....	33	40	30
31 - 60 days.....	18	10	12
More than 60 days	27	28	25

a/ Excluding deaths.

b/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

c/ Medicare, Medicaid, and other Government sources.

Note: Percentages may not add to 100 percent due to rounding.

Table 10. Distribution by number of visits and expected principal source of payment for children and youth admitted to selected inpatient and outpatient psychiatric services a/, United States, 1975

Number of visits	Blue Cross and commercial insurance	Government b/	Personal payment	No charge
Number of clients	30,114	89,774	150,166	87,068
Total.....	100%	100%	100%	100%
1 Visit.....	23	23	18	35
2 - 5 Visits.....	44	45	52	34
6 - 10 Visits.....	23	22	16	17
More than 10 visits	11	10	13	14

a/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units, and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

b/ Medicare, Medicaid, and other Government sources.

Note: Percentages may not add to 100 percent due to rounding.

LENGTH OF STAY/NUMBER OF VISITS

There was an inverse relationship between age and length of stay in inpatient psychiatric facilities (table B-12); 57 percent of children under age 10 stayed more than 60 days, compared to 37 percent of the youngsters age 10 to 14 and 24 percent of those age 15 to 17. Differences between males and females were slight; 30 percent of males stayed more than 60 days, compared to 28 percent of females (table B-13). However, females were slightly more likely than males to stay less than 8 days (24 percent versus 20 percent, respectively).

Differences in length of stay between white children and children of all other races were slight; 29 percent of whites and 29 percent of all other races stayed more than 60 days, and 22 percent of whites and 21 percent of all other races stayed less than 8 days (table B-13).

The diagnosis most likely to result in a longer length of hospitalization was behavior disorders of childhood and youth; 43 percent of inpatients with this diagnosis remained more than 60 days, and only 10 percent stayed less than 8 days (table B-14). The ranking from highest to lowest median length of stay by major diagnosis was: (1) behavior disorders of childhood and youth, (2) schizophrenia, (3) adjustment reactions of childhood and youth, (4) neuroses and personality disorders, and (5) depressive disorders.

Patients who received outpatient psychiatric services and were between the ages of 15 to 17 tended to experience fewer visits than youngsters of other ages (table B-15); 36 percent experienced only one visit, compared to 24 percent of all outpatients under age 18. Only 6 percent of the 15-to-17-year-old outpatients experienced more than 10 visits, compared to 12 percent of all outpatients under age 18. No other consistent patterns appeared. Differences in the number of visits with respect to sex and race were slight (see table B-15). Patterns for outpatients by diagnosis and number of visits are shown in table B-16; for all diagnostic groups, the largest proportions experienced two to five visits. It should be noted, however, that the outpatient survey was designed to collect information about admissions during a 1-month period who were followed for 3 months. At the end of the study period, 37 percent of the clients were still in treatment. Thus, the visit data included in this report are based on an incomplete cohort.

Table 11. Median days of stay by primary diagnosis a/ for children and youth admitted to selected inpatient psychiatric services b/, United States, 1975

Primary diagnosis	Median days of stay
Depressive disorders...	20.9
Schizophrenia.....	33.9
Adjustment reactions of children and youth...	25.1
Behavior disorders of children and youth...	50.5
Personality disorders and neuroses.....	22.4

a/ See appendix B for a further breakout of diagnostic groupings and for the DSM-II codes included in each category.
b/ Includes admissions to the inpatient services of State, county, and private mental hospitals; and discharges from non-Federal general hospitals with separate psychiatric inpatient units.

DISPOSITION

Approximately 37 percent of the outpatients and 15 percent of the inpatients were still in treatment at the time the psychiatric facilities were surveyed and, thus, had not received any disposition. The entire non-Federal general hospital population, of course, had been discharged (table 12; table B-17).

Some youngsters had been discharged without referral for further service. Outpatients were almost three times as likely as inpatients (47 versus 16 percent) to be discharged without referral for further service; these patterns were rather consistent for all age groups. Figures for different inpatient facilities ranged from 13 percent of those admitted to State and county mental hospitals to 19 percent of the patients discharged from public general hospitals.

The disposition patterns varied for the outpatients (16 percent) and inpatients (68 percent) who were referred for care upon discharge. Private psychiatrists were the major referral for inpatients in the two types of private hospitals (33 and 41 percent) but accounted for less than 1 percent of the referrals for youngsters discharged from State and county mental hospitals and outpatient facilities.

Outpatient psychiatric services were the major discharge referral for outpatients (5 percent) and the second major referral for the inpatient population (23 percent). However, outpatient facilities were the major referral source for two inpatient groups: children under age 10 (36 percent) and those discharged from public general hospitals (35 percent).

Two percent of the outpatients and 9 percent of all inpatients were referred to State and county mental hospitals or other psychiatric inpatient facilities. Inpatients discharged from public general hospitals were especially likely (21 percent) to be referred to these sources. Only small proportions of inpatients and outpatients (5 versus 1 percent) were referred to "other inpatient care" (e.g., substance abuse facilities, nursing homes).

"Other noninpatient" facilities, private physicians, and courts or correctional agencies accounted for only small percentages of the outpatient and inpatient referrals (from 0.5 to 7 percent).

Table 12. Distribution by disposition a/ for children and youth admitted to selected inpatient and outpatient psychiatric services b/, United States, 1975

Disposition	Inpatient	Outpatient
Number of clients	83,368	358,061
Total	100%	100%
Not discharged	15	37
Discharged with no referral	16	47
Referred to private psychiatrist	23	*
Referred to other physician	2	*
Referred to outpatient psychiatric service	23	5
Referred to other noninpatient services	6	4
Referred to inpatient psychiatric service	9	2
Referred to other inpatient care	5	1
Referred to court or correction	7	3

* Less than 0.05 percent.

a/ Disposition at the end of the study periods.

b/ Includes admissions to the inpatient services of State, county, and private mental hospitals; discharges from non-Federal general hospitals with separate psychiatric inpatient units; and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health centers (CMHCs).

Note: Percentages may not add to 100 percent due to rounding.

STAFFING PATTERNS: OUTPATIENT SERVICES

Information on the types of therapists serving children and youth in 1975 was collected only from outpatient psychiatric services. These data relate to the types of therapists serving different age, sex, and racial and diagnostic groups (tables B-19 and B-20) and to the principal sources of payment to the different types of therapists (table B-21).

Some outpatients were treated by more than one type of therapist. Youngsters were served more by social workers (51 percent) and psychologists (41 percent) than by psychiatrists (22 percent) and "other" therapists (18 percent). This pattern did not vary greatly by sex or age group of the outpatients, but it did vary by race and diagnostic categories.

In terms of diagnoses, patterns varied considerably. Groups most likely to be seen by psychiatrists were those with depressive disorders, schizophrenia, and personality disorders. These same groups were quite likely also to be treated by social workers, as were youngsters with adjustment reactions and behavior disorders. The groups most likely to be seen by psychologists were those with the diagnoses of mental retardation and behavior disorders.

The data on race show that higher proportions of white than of black outpatients were seen by psychiatrists (23 versus 17 percent) and by psychologists (44 versus 27 percent), whereas higher proportions of black than of white outpatients were seen by social workers (62 versus 48 percent) and "other" therapists (29 versus 15 percent). This pattern has been reported in several studies (21). It appears to be related, in part, to both ethnocentric and social class biases among therapists. For example, Thomas Langner and his colleagues found that white children, irrespective of family income, were more likely than minority group children to see a psychiatrist. Black children were five times as likely as whites to see a social worker (22). Olga Lurie found that children from families with a minimum income of $10,500 were far more likely than children from low and low-middle income groups to be treated by a private psychiatrist or psychologist; the lower income groups were more likely to be treated by social workers or school guidance counselors, psychologists, or social workers (23). Race and social class also may influence this pattern through parental preferences. Black mothers in the Lurie study were more likely than white mothers to report they would use the services of a social worker for their children. Also, the lower the family income and level of education, the more likely the mother was to say she would use the services of a social worker. Conversely, the higher the income and educational level, the more likely mothers were to say they would use the services of a psychiatrist.

SPECIAL ISSUES

INCREASING DEMANDS FOR SERVICE

Existing data suggest there have been increasing demands on the mental health delivery system to provide services to children and youth. But the picture is complex (table 13). For example, the number of resident patients under age 18 in State and county mental hospitals declined by 29 percent from 1971 to 1975 (12,519 to 8,853).[1] During the same period, the number of admissions of persons under age 18 at all types of inpatient facilities actually increased by slightly more than 8 percent (from 76,907 to 83,368), and the admission rate per 100,000 population under age 18 increased by approximately 15 percent (from 110.6 to 125.8). similarly, the number of admissions to outpatient psychiatric services increased dramatically by 41 percent (from 253,383 to 358,061), while admissions to community mental health centers increased even more dramatically by 89 percent (from 113,082 to 213,607). The admission rates per 100,000 population under age 18 also increased dramatically by 48 percent for outpatient psychiatric services (from 364 to 540) and 98 percent for CMHCs (from 163 to 322). Figure 2 graphically summarizes the changes in admission rates per 100,000 population. Outpatient services and community mental health centers together accounted for 96 percent of the increase.

Table 13. Admission rates per 100,000 population under 18 years of age, changes in rates, and percent changes in rates for selected mental health services, United States, 1971 a/ and 1975 b/

Facility type	Number of admissions				Admission rate per 100,000 population			
	1971 b/	1975	Number change 1971-1975	Percent change 1971-1975	1971 b/	1975	Rate change 1971-1975	Percent change 1971-1975
Total all services....	443,372	655,036	+211,664	+ 47.7	637.7	988.6	+350.9	+ 55.0
Total inpatient.....	76,907	83,368	+ 6,461	+ 8.4	110.6	125.8	+ 15.2	+ 13.7
State and county mental hospitals..	26,352	25,252	- 1,100	- 4.2	37.9	38.1	+ 0.2	+ 0.5
Private psychiatric hospitals.....	6,420	15,426	+ 9,006	+140.3	9.2	23.3	+ 14.1	+153.3
General hospitals...	44,135	42,690	- 1,445	- 3.3	63.5	64.4	+ 0.9	+ 1.4
Outpatient psychiatric services.....	253,383	358,061	+104,678	+ 41.3	364.4	540.4	+176.0	+ 48.3
Community mental health centers (all services).....	113,082	213,607	+100,525	+ 88.9	162.6	322.4	+159.8	+ 98.3

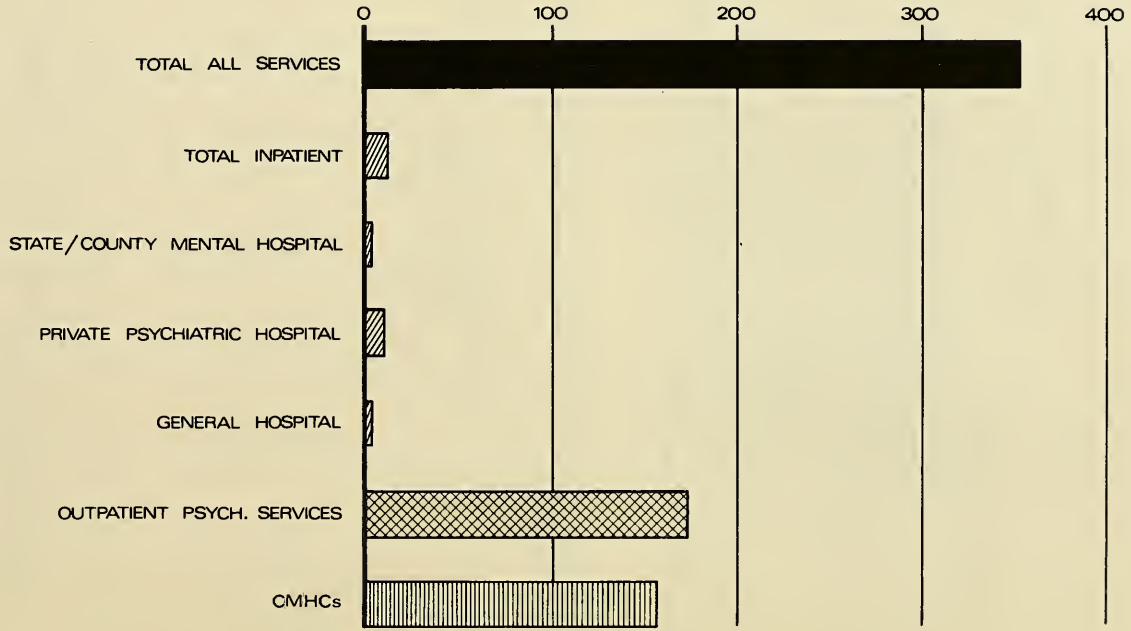
a/ Source: National Institute of Mental Health. Series B No. 5, Utilization of Mental Health Facilities 1971. DHEW Pub. No. (ADM) 76-303. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1976.

b/ Source: Derived from NIMH Memorandum 37, April 7, 1978.

[1] Comparable data from other types of inpatient facilities are not available for 1971.

FIGURE 2

CHANGE IN ADMISSION RATE PER 100,000 POPULATION
UNDER AGE 18 FOR SELECTED MENTAL HEALTH SERVICES
U.S., 1971 TO 1975



The extent to which deinstitutionalization efforts account for the dramatic increases in admissions to outpatient facilities cannot be determined by the data collected. However, the increases in admissions to all types of facilities suggest that children and youth have presented a considerable challenge to the service capacity of the mental health system over the past few years.

MENTAL HEALTH PROGRAM NEEDS: 1975 AND THE 1980s

The exact number of children and youth in need of mental health services in the United States is not known. The reasons are complex. They include the lack of a uniform definition for such terms as "mental illness" and "emotional disturbances," the use of different diagnostic categories and instruments to measure incidence and prevalence (24,25,26), and various limitations in current methodology (27).

Existing data suggest that the need for services far outweighs our ability to provide services. The data show, for example, that 14 percent of the 1,499 catchment areas in 1974 had no mental health services of any kind, that available services are unevenly distributed geographically (28,29,) that there is not enough manpower to meet the needs (30), and that monies have not been adequate to meet the service needs of children and youth (31). In addition, availability of services is adversely affected by lack of coordination among service agencies (32), waiting lists, and exclusion by some facilities of youngsters with such conditions as mental retardation, physical handicaps, psychoses, suicidal tendencies, and various other conditions (33).

ESTIMATED NEEDS: 1975

No one knows the exact extent of the need. Various surveys conducted in the mid-to-late 1960s provided the most widely accepted estimates of how many youngsters need mental health services (34,35). These surveys indicated that approximately 2 to 3 percent of our Nation's children and youth suffer from severe disorders and are in need of psychiatric care; another 8 to 10 percent are estimated to be in need of some help for emotional problems (36). Other estimates have ranged from 7 to 30 percent (37).

If we assume the conservative figure of 2 percent, as cited above, 1,325,860 persons under 18 years of age needed psychiatric care in 1975. Assuming that most youngsters who would have received care in 1975 were treated in the types of facilities shown in table 12, then 655,036, or 49 percent of the approximately 1.3 million in need, would have received care. If we assume a 10 percent level of need, then approximately 6.6 million youngsters required mental health services but less than 10 percent would have received them in the facilities represented in this report.

PROJECTED NEEDS: THE 1980s

Assuming that the level of service in the 1980s will be approximately the same as that shown in table 12 for 1975, and that the 1975 population of approximately 66 million persons under age 18 will decline by only about 4 million (38), we can expect the service needs for the 1980s to be only slightly less than those estimated for 1975.

SUMMARY AND DISCUSSION

This report has presented data on the utilization patterns of children and youth under 18 years of age who were admitted to or discharged from selected inpatient and outpatient psychiatric facilities in the United States in 1975. The data were derived from surveys conducted by the Division of Biometry and Epidemiology of the National Institute of Mental Health. Particular attention has been given to differences between the utilization patterns of outpatients and inpatients.

This section deals with the implications of these findings for the planning and administration of mental health programs and for conducting research on the prevalence and etiology of mental and emotional disturbances among children and youth.

DIFFERENCES IN PATTERNS OF USE AMONG OUTPATIENT AND INPATIENT FACILITIES

Comparison of the similarities and differences in utilization patterns by age, sex, race, diagnosis, type of treatment, length of stay/number of visits, and source of payment among outpatients and inpatients provides some insight into the varying roles of facility types in the care of mentally ill and emotionally disturbed children and youth.

Major findings for the inpatient and outpatient populations are:

1) There were 1.7 times more boys than girls in outpatient facilities. Males also slightly outnumbered females in the total inpatient population; however, there were proportionately more girls than boys in privately operated facilities.

2) Despite their greater numbers in the patient populations, boys proportionately were less likely than girls to receive some forms of therapy.

3) Inpatients were about 2.5 times more likely than outpatients to be between the ages of 15 to 17. In all types of facilities, only a small proportion (4 percent) of the patients were under 5 years of age.

4) Whites considerably outnumbered nonwhites in all types of facilities; however, in terms of rates per 100,000 population under age 18, blacks exceeded whites in all types of facilities except privately operated hospitals.

5) Adjustment reactions of childhood and adolescence was the predominate diagnosis for the inpatient and outpatient populations; it characterized 43 percent of the entire youthful population.

6) Schizophrenia and depressive disorders were considerably more prevalent in inpatient facilities than in outpatient services, especially for inpatients between 15 and 17 years of age.

7) Outpatients were far more likely than inpatients to receive only intake and diagnostic evaluation services.

8) Minority group youngsters proportionately were less likely than whites to receive some forms of therapy; also, in the outpatient population, blacks were more likely to be treated by social workers and less likely to be treated by psychiatrists and psychologists than were whites.

9) Individual therapy was the most frequent treatment provided in all types of facilities.

10) Group therapy and drug therapy were predominant treatments in inpatient facilities.

11) Inpatient services were about 2.6 times more likely to be paid by commercial insurance or Government sources than outpatient services.

12) Patients who paid personally were more likely to remain less than 8 days in inpatient care than other patients.

13) Adolescents age 15 to 17 were less likely than children in younger age groups to be hospitalized for more than 60 days and to experience more than 10 outpatient visits.

14) Inpatients under age 10 and inpatients with behavior disorders were considerably more likely than other inpatient groups to be hospitalized for more than 60 days.

The higher proportion of boys in treatment raises a number of questions that suggest areas for further research. For example, is there a true difference in the incidence of emotional disorders by sex, or are there cultural practices that cause parents and communities to seek help more frequently for boys? Why are boys treated more often in outpatient services and publicly operated hospitals than in private hospitals? Why do males appear to receive less treatment than females? What implications do the sex differences in utilization patterns have for the development of adequate casefinding and treatment services?

Findings on age-related utilization patterns also suggest further areas for research. Is the incidence or prevalence of emotional disturbance actually low among children under 5 years of age? Or, does the disturbance go unrecognized by parents and service providers? Why are relatively more inpatients than outpatients between the ages of 15 and 17? Why are the more severe disorders more predominant in the 15-to-17-year-old age group than in the younger age groups? Such questions have far-reaching implications for epidemiologists as well as for planners, outreach workers, casefinding, and case management.

The higher utilization rates for minority group youngsters, especially in publicly operated facilities, also point to the critical need for effective methods for prevention, early casefinding, and meaningful treatment programs directed toward low income and culturally deprived groups.

The predominant diagnosis of adjustment reactions of childhood and youth calls into question the validity and reliability of the survey findings related to diagnoses. The finding appears to be related to the reluctance of clinicians to apply a stigmatizing label to children (39) and, perhaps, to the belief among many investigators that the DSM-II classification system does not adequately assess mental and emotional disorders in children and youth (40). The longstanding lack of agreement among clinicians and researchers on an adequate classification system for children and adolescents indicates, in fact, that this problem requires considerable attention and careful investigation.

Far more research is needed to determine relationships between types of patients, types of treatment, and treatment outcomes. Treatment issues should include study of the appropriateness, quality, and effectiveness of different therapies and treatment settings. The prevalent use of drug therapy for inpatients is especially in need of study. Recent research suggests

that children and youth have a greater potential than adults for developing neurological symptoms when drugs are discontinued; that children, unlike adults, tend not to maintain an improved status after discontinuation of drug therapy (41); and that long-term use of psychopharmacological agents with children may entail toxic risks that outweigh therapeutic benefits (42).

The fact that outpatient services are less likely than inpatient services to be paid for by insurance and Government programs has raised the issue of whether children and youth are being hospitalized unnecessarily. But the issue seemingly is complex. Experts agree that residential settings are needed and are often the treatment of choice for certain mental disorders of childhood. Yet, third-party payers are reluctant to fund treatment in residential centers, even when they are approved by the Joint Commission on Accreditation of Hospitals. Also, reimbursement practices have been found to overlook the traditional multidisciplinary approach to children's services and fail to cover essential indirect services like family assessment and school consultation (43,44). The essential issue, then, is whether third-party payment practices are tailored to the specific treatment needs of children and youth. The extent to which different reimbursement practices affect the treatment regimen and outcomes for children and youth appears to be an area in which research is crucially needed.

Finally, research is clearly needed to determine why adolescents age 15 to 17 experience lesser amounts of treatment (i.e., days of inpatient care and number of outpatient visits) than children in younger age groups and, yet, are proportionately more likely than younger groups to be diagnosed with such severe disorders as schizophrenia and depressive disorders.

NEEDS

The exact incidence and prevalence of mental and emotional disorders among our Nation's children and youth have not been determined. Nor do we know how many children and youth receive services, since data are lacking from such service providers as certain federally funded hospitals, private practitioners, schools, substance-abuse centers, special demonstration projects, and so forth.

Estimates do suggest that between 2 and 10 percent of our children and youth may be in need of mental health services. It is highly likely that the majority in need--if they receive treatment at all--would be treated in the types of facilities represented in this report. Yet, only about 1 percent of the population under age 18 received services in these facilities in 1975.

The need for additional services appears crucial. For reasons that cannot be explained from these survey data, there have been dramatic increases from 1971 to 1975 in the numbers and rates of admissions of persons under 18 years of age to the inpatient facilities, outpatient psychiatric services, and community mental health centers represented in this report. Outpatient services accounted for 96 percent of the increase. These data suggest that the capacity of the mental health system has been challenged by an influx of young patients.

To better assist those who plan and administer mental health services, a more complete understanding of the service needs of children and youth is required. One means of obtaining useful information would be a study or series of studies that encompass both a needs assessment and a comprehensive utilization survey component on a nationwide representative sample of communities. Ideally, funding would permit analysis of data on single sites as well as the combined nationwide sample to facilitate planning of services at the local and national levels.

Steps in these studies should include, at a minimum:

1. Development of a standardized needs assessment package; additional items could be formulated at each locale to assess unique community needs. This package would include methods for determining incidence and/or prevalence.

2. Careful selection of a sample of locales that are representative of our Nation's different living environments (rural, urban, suburban) and different racial and ethnic groups.

3. Within the selected locales, selection of a random sample of children and youth who would be subjects of the needs assessment.

4. Selection of all relevant mental health providers in the selected locales; this data collection effort would include not only the numbers and types of youngsters served but also the types of treatment provided and the number and qualifications of the staff who provide the services.

5. Analysis would include calculations of need/service and need/staff ratios to assist planners in determining the levels of funding and manpower required to better serve children and youth.

The studies would present many challenges. But, as Bruce Dohrenwend (45) notes:

> "Fortunately, newer approaches to measurement and classification of psychopathology...are beginning to reflect important advances in biological and behavioral research...If such developments are suitably nourished, it should soon be within our research capability to provide reliable comparative data on the incidence and duration of mental disorders as well as their current or point prevalence in general populations, on patterns of utilization of service facilities..., on evaluation of outcomes of different therapies, and on the effectiveness of preventive efforts."

Careful application of newer approaches, such as those described by Dohrenwend and his colleagues, could provide a knowledge base upon which our Nation could create a more comprehensive and responsive system for delivering mental health services to our Nation's children and youth. A sound knowledge base remains one of our most crucial needs.

The recent passage of the Mental Health Systems Act may help promote the building of a sound knowledge base. Special provisions for children and youth in the Act include allocation of funds for the identification and assessment of the needs of severely disturbed children and adolescents as well as monies for mental health and related support services for these populations.

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APPENDIX A

1975 SURVEY DESIGNS AND PROCEDURES

Data in this report were collected in four separate surveys. The surveys of admissions to outpatient psychiatric services, admissions to State and county mental hospital inpatient services, and discharges from non-Federal general hospitals with separate psychiatric inpatient units had similar designs, whereas the survey of private mental hospital inpatient services was conducted differently. The private mental hospital survey is described in Section I, and the three remaining surveys are described together in Section II.

I. Survey of Admissions to Private Mental Hospital Inpatient Services

Source of Data

This survey was conducted jointly by the National Institute of Mental Health (NIMH) and the National Association of Private Psychiatric Hospitals (NAPPH). During May 1975, participating hospitals were asked to complete a form for each admission and to follow these admissions for an additional 3 months. Since admissions were surveyed during only one month (May 1975), the data have been inflated to represent a year interval centering on the sample month. The universe of private mental hospital inpatient services was identified in the 1975 annual Inventory of Mental Health Facilities (conducted in January) by the NIMH in cooperation with State mental health authorities.

Nonresponse and Imputation of Missing Data

Of the 185 private mental hospitals identified as being in operation in May 1975, 139 cooperated in the client survey. Data were inflated to represent all hospitals, based on the 1975 inventory data. Data were also adjusted for nonresponse to specific items (age, marital status, etc.) as follows. Cases were sorted into categories within which the characteristics of the admissions were expected to be similar. Those cases with a missing value for a particular item were then completed with a value randomly selected from within the category. For any given variable the percentage of cases for which some or all items were unknown was 5 percent or less unless otherwise footnoted.

II. Sample Surveys of Admissions to Outpatient Psychiatric Services, Admissions to State and County Mental Hospital Inpatient Services, and Discharges from Non-Federal General Hospital Psychiatric Inpatient Units

Source of Data and Sampling Frame

a. Outpatient Psychiatric Services.— This survey was conducted during the period May 1975 through August 1975 by NIMH in cooperation with State mental health authorities. The survey covered organized outpatient services including both freestanding clinics and outpatient services affiliated with mental health facilities. Outpatient services of federally funded community mental health centers, Veterans Administration (VA) outpatient services, outpatient services of military hospitals, Public Health Services hospitals, and territorial hospitals were excluded. Data on psychiatric patients in VA hospitals are available in VA publications and in other NIMH publications. Because the sample was selected during only one month (May 1975), the data have been inflated to represent a year interval centering on the sample month.

The universe of outpatient services was identified in the 1974 biennial Inventory of Mental Health Facilities (conducted in January) by the NIMH in cooperation with State mental health authorities. This survey collected data on caseload, staffing, and expenditure patterns for the previous fiscal or calendar year. The caseload data formed the basis for the stratification of the universe of outpatient psychiatric services described in the section devoted to sample design.

b. State and County Mental Hospital Inpatient Services.— This survey was conducted from April 1975 to July 1975 by NIMH in cooperation with State mental health authorities. The survey covered inpatient services of all State and county mental hospitals. It did not include other public psychiatric inpatient facilities such as VA hospitals, military hospitals, Public Health Service Hospitals and territorial hospitals. Data on psychiatric patients in VA hospitals are available in VA publications and in other NIMH publications.

Total additions to State and county mental hospitals consist of admissions (new and readmissions) and returns from long-term leave. Data from another NIMH study show that for fiscal year 1975 there were 435,136 additions: 382,920 admissions and 52,216 returns from long-term leave (see Statistical Note 132, Provisional Patient Movement and Administrative Data, State and County Psychiatric Inpatient Services July 1, 1974–June 30, 1975). The present sample study examined only admissions and did not include returns from long-term leave. Since the sample was selected during only one month (April 1975), the data have been inflated to represent a year interval centering on the sample month.

The universe of State and county mental hospitals was identified in the 1974 annual Preliminary Survey of State and County Mental Hospitals (conducted in July) and by the 1975 annual Inventory of Mental Health Facilities (conducted in January) by the NIMH in cooperation with State mental health authorities. The annual surveys collected data on caseload, staffing, and expenditure patterns for the previous fiscal year. The caseload data collected formed the basis for the stratification of the universe of inpatient psychiatric services described in the section devoted to sample design.

c. Non-Federal General Hospital Psychiatric Inpatient Units.— This survey was conducted during February 1975 by the American Hospital Association under contract to NIMH. The survey covered psychiatric inpatient services of non-Federal general hospitals in the United States.

The sampling frame for this survey was based on the October 1973 American Hospital Association Annual Survey of Hospitals and the NIMH annual Inventory of Mental Health Facilities. The American Hospital Association survey asked all general hospitals if they had a psychiatric inpatient unit. Hospitals identified in this American Hospital Association survey were matched with the existing NIMH listings, and a composite universe was created.

Only those hospitals with a separate psychiatric inpatient service were included. Hospitals admitting psychiatric patients to their general medical and surgical wards but having no separate psychiatric units were excluded as were those general hospitals admitting psychiatric patients on an emergency basis only. Federal general hospitals such as those operated by the Veterans Administration and the Public Health Service and Department of Defense were also excluded. Psychiatric inpatient services of general hospitals in which all the patients were considered patients of an affiliated federally funded community mental health center were not included. However, general hospital units serving as affiliates of community mental health centers, but serving inpatients of their own in addition to those of the community health centers, were included. For these hospitals, only the general hospital patients were included in the sample; patients of the community mental health center were excluded.

Sample Design

The sampling for each of the surveys was based on a stratified probability design selected in two stages. In the first stage, the samples were selected from within primary strata based a) for outpatient services, on the size as indicated by the number of outpatient admissions and on whether or not the facility was a freestanding clinic for children only (table 1-a); b) for State and county mental hospital inpatient services on the size as indicated by the annual number of inpatient admissions (table 1-b); and c) for non-Federal general hospital psychiatric inpatient units, on the size as indicated by the annual number of discharges from the inpatient units and the hospital ownership (table 1-c). Sampling was systematic within each of the primary strata. Within each primary stratum the sequence of the listing of the facilities was by State.

In the second stage, a sample of admissions (discharges from non-Federal general hospital psychiatric inpatient units) was selected from each psychiatric service/hospital selected in the first stage. The second-stage sample was completed by a systematic selection scheme built into the questionnaire. Each service/hospital was asked to list in a booklet all admissions to their service (discharges from non-Federal general hospital inpatient units) during the survey month and to complete individual questionnaires for each admission (discharge) appearing on one of the predetermined sample lines. For outpatient psychiatric services and State and county mental hospital inpatient services, these sample admissions were followed for a 3-month period, and a second form for each was completed at the time of discharge, death, or, for patients remaining under continuous care, at the end of the followup period.

Nonresponse and Imputation of Missing Data

Table 1(a–c) shows the distributions of the universes and the samples of outpatient psychiatric services, State and county mental hospitals, and non-Federal general hospital psychiatric inpatient

units by primary strata. Final disposition of these samples with respect to their response status is also shown.

As in any survey, there were three types of omissions: (1) failure of a sample outpatient psychiatric service, State and county mental hospital inpatient service, or non-Federal general hospital psychiatric inpatient unit to participate in the surveys; (2) failure to obtain data on an admission (discharge) designated as a sample case; and (3) failure to obtain specific items of information (age, previous psychiatric care, etc.) for individual sample cases. Estimates have been adjusted for all three types of nonresponse.

Statistics presented in this report were adjusted for the failure of a sample service/hospital to respond (type 1 above) by the use of a separate nonresponse adjustment factor for each size stratum. The factor was the ratio of all sample services/hospitals to the responding sample services/hospitals.

Data were adjusted for nonresponse of sample cases within a sample service/hospital (type 2 above) by a procedure which imputed to nonresponding admissions (discharges from non-Federal general hospital inpatient units) the characteristics of responding admissions (discharges) within the same service/hospital. Adjustment for this type of nonresponse was minimal. For outpatient psychiatric services, data for 48 sample cases, or 1.1 percent of the designated sample, were imputed in this way; for State and county mental hospital inpatient services, data for 15 sample cases, or 0.3 percent of the designated sample, were imputed; and for non-Federal general hospital psychiatric inpatient units, data were imputed for 38 sample cases, or 1.0 percent of the sample.

Data were also adjusted for nonresponse to specific items such as age, marital status, etc. (type 3 above) as follows. Sample cases were sorted into categories within which the characteristics of the admissions (discharges) were expected to be similar. Those sample cases with a missing value for a particular item were then completed with a value randomly selected from within the category. Unless otherwise footnoted, the percentage of cases for which some or all items were unknown was 5 percent or less for any given variable.

Estimation

Statistics reported in this publication are essentially the result of two stages of ratio adjustment, one at each stage of selection of the samples. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate.

The first-stage ratio adjustment was included in the estimation of data for all primary size strata from which samples were drawn. This factor was a ratio calculated for each stratum as follows:

a. Outpatient Psychiatric Services.— The numerator of the ratio was the total numer of admissions according to the 1974 Inventory of Mental Health Facilities for sample outpatient psychiatric services in the stratum. The denominator was the estimated number of admissions for the outpatient services in each stratum, as estimated by simply inflating the 1974 inventory data for the sample outpatient services in each stratum.

b. State and County Mental Hospital Inpatient Services.— The numerator of this ratio was the total number of admissions according to the 1974 Preliminary Survey of State and County Mental Hospitals for sample hospitals in the stratum. The denominator was the estimated number of admissions for the inpatient services in each stratum. This estimate was obtained through simple inflation of the 1974 Preliminary Survey data for the sample inpatient services in each stratum.

c. Non-Federal General Hospital Psychiatric Inpatient Units.— The numerator was the total number of discharges according to the NIMH January 1974 Inventory of General Hospital Psychiatric Services for sample hospitals in the stratum. The denominator was the estimated number of discharges for inpatient services in each stratum. This estimate was obtained through a simple inflation of the 1974 inventory data for sample inpatient services in each stratum.

The effect of this first ratio adjustment was to bring the samples into closer agreement with the known universes of admissions (discharges). The second-stage ratio adjustment was included in the estimation of patient data for all primary size strata. This second-stage ratio adjustment factor was the product of two fractions. The first was the ratio of the total number of patients admitted to (discharged from) the outpatient services/State and county mental hospital inpatient services/non-Federal general hospital psychiatric inpatient units to the number of admissions (discharges) designated as sample cases by the systematic selection scheme; the second was the sampling fraction for admissions (discharges) upon which the systematic selection was based. This second-stage adjustment corrected the samples for over or underrepresentation of admissions (discharges) in the particular samples selected within each outpatient service/State and county mental hospital inpatient service/non-Federal general hospital psychiatric inpatient unit. In addition, since the samples were based on one month of the year, factors based on the inventory data for admissions (discharges) were used to inflate to a 1-year interval. Seasonal or monthly variation is not accounted for in the estimation or variance calculations.

Reliability of Estimates

Because statistics presented in this report are estimates based on samples, they will differ from the figures that would have been obtained from a complete enumeration of universe data using the same schedule and survey procedures. As in any survey, the results are subject to sampling and measurement errors. To the extent possible, measurement errors were minimized by methods built into the survey procedures. The sampling error (or standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error measures the variability that occurs by chance, because only a sample rather than the entire universe is surveyed. As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about two out of three that an estimate from the sample differs from the value that would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than three times as large.

Relative standard errors of aggregates shown in this report can be determined from table II (a–c) of this section. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Linear interpolation may be used to obtain standard errors for intermediate values not shown in table II or, alternatively, the following formula from which the table is derived may be used directly to compute the standard error. Direct computation will give more precise results than linear interpolation.

$$S_x = x\sqrt{a + b/x}$$

In this formula, x is the size of the estimate and a and b are the parameters listed at the bottom of the table.

Standard errors of estimated percentages are shown in table III (a–c). Again, linear interpolation may be used to obtain standard errors for intermediate values of x and p, or the following formula, from which the table is derived, may be used directly for more accurate results.

$$S_p = \sqrt{b/x \cdot p\,(100-p)}$$

In this formula, x is the size of the subclass of the population which is the base of percentage p (that is, the denominator) and b is the parameter listed in the table.

To determine the standard error of a median value, of the difference between two statistics, or of a ratio, the following rules may be used:

Standard error of a median.— The medians shown in this report were calculated from grouped data. Approximate confidence intervals for these estimated medians can be computed as follows:

a. Determine the standard error of a 50 percent characteristic whose denominator is equal to the estimated number of persons in the frequency distribution on which the median is based.

b. Add to and subtract from 50 percent the standard error determined in step a.

c. Using this distribution of the characteristic, calculate the confidence interval corresponding to the two points established in step b.

A two-standard-error confidence interval may be determined by finding the values corresponding to 50 percent plus and minus twice the standard error determined in step a.

To investigate whether or not an observed difference between two estimated medians can be attributed to sampling error alone, calculate the upper 68 percent confidence limit, U'_1, of the smaller observed median, M'_1, and the lower 68 percent confidence limit, L'_2, of the larger median, M'_2. These limits may be found using the method outlined above by using one standard error instead of two. The square root of the sum of the squared differences between M'_1 and U'_1 and between M'_2 and L'_2 is the standard error of the difference between M'_1 and M'_2, that is:

$$S_{(M'_1-M'_2)} = \sqrt{(M'_1-U'_1)^2 + (M'_2-L'_2)^2}$$

For the purpose of this report, any difference between M'_1 and M'_2 greater than $2S\,(M'_1 - M'_2)$ is considered statistically significant.

Standard error of a difference between two estimates.— The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases. A formula for the standard error of a difference ($d = x_1 - x_2$) is:

$$S_d = \sqrt{S_{x_1}^2 + S_{x_2}^2}$$

where x_1 is the estimate for characteristic 1, x_2 is the estimate for characteristic 2, and S_{x1} and S_{x2} are the relative standard errors of x_1 and x_2, respectively.

Standard error of a ratio.— The standard error of a ratio, where the numerator and denominator cannot be obtained directly from the tables, may be approximated by the following formula:

$$S_{(x/y)} = \sqrt{\left(\frac{x}{y}\right)^2 \left[\left(S_{x/x}\right)^2 + \left(S_{y/y}\right)^2\right]}$$

Thus x/y can be a ratio of two estimated numbers (total female schizophrenics divided by total male schizophrenics, for example), or a percentage change (where x is the new value and y is the old value), or a ratio of percents or of medians.

Table Ia. Distribution of outpatient psychiatric services in the universe and in the sample survey by primary strata and by response status to the sample survey

Primary size strata (number of annual admissions)	Number of outpatient psychiatric services in universe	Number of outpatient psychiatric services in the sample		
		Total	Non-responding	Responding
Children's services				
0–299	36	36	5	31
300–599	39	39	7	32
600–1,199	18	18	1	17
1,200+	10	10	1	9
Unknown	1	1	1	—
Other				
0–299	431	86	19	67
300–599	368	74	18	56
600–1,199	321	81	10	71
1,200+	177	59	10	49
Unknown	125	25	11	14
Total, all strata	1,526	429	83	346

Table Ib. Distribution of State and county mental hospitals in the universe and in the sample survey by primary strata and by response status to the sample survey

Primary size strata (number of annual admissions)	Number of hospitals in universe	Number of hospitals in the sample		
		Total	Non-responding	Responding
0–999	176	87	1	86
1,000–2,499	89	29	3	26
2,500–4,999	35	5	—	5
5,000+	6	6	—	6
Total, all strata	306	127	4	123

Table Ic. Distribution of non-Federal general hospital psychiatric inpatient units in the universe and in the sample survey by primary strata and by response status to the sample survey

Primary strata (number of annual discharges from psychiatric inpatient unit) and hospital ownership	Number of hospitals units in universe	Number of hospitals in the sample		
		Total	Non-responding	Responding
Public				
Under 500	39	20	1	19
500–749	26	13	—	13
750–1,999	27	13	1	12
2,000+	14	14	4	10
Unknown	44	27	8	19
Nonpublic				
Under 500	227	44	4	40
500–749	117	24	7	17
750–1,999	104	21	3	18
2,000+	8	8	—	8
Unknown	136	43	6	37
Total, all strata	742	227	34	193

Outpatient Psychiatric Services

Table IIa. Relative standard error of estimated rates or numbers

Size of estimate (or numerator of rate)	Relative standard error (in percentage points)
1,000	28.00
2,500	17.85
5,000	12.79
10,000	9.27
25,000	6.28
50,000	4.89
100,000	4.02
250,000	3.39
500,000	3.16
1,000,000	3.03

A= 0.000841; B= 77.556183

State and County Mental Hospital Inpatient Services

Table IIb. Relative standard error of estimated rates or numbers

Size of estimate (or numerator of rate)	Relative standard error (in percentage points)
1,000	5.24
2,500	4.60
5,000	4.36
10,000	4.24
25,000	4.16
50,000	4.14
100,000	4.13
250,000	4.12
400,000	4.12
500,000	4.12

A = 0.001692; B = 1.053279

Non-Federal General Hospital Psychiatric Inpatient Units

Table IIc. Relative standard error of estimated rates or numbers

Size of estimate (or numerator of rate)	Relative standard error (in percentage points)
1,000	4.36
2,500	3.24
5,000	2.76
10,000	2.49
25,000	2.31
50,000	2.24
100,000	2.21
250,000	2.19
400,000	2.19
500,000	2.19

A = 0.000475; B = 1.429301

Example of use of table II: An estimate of 10,000 has a relative standard error of 2.49 percent (read from the table above). This estimate therefore has a standard error of 249 (2.49% of 10,000). Standard errors of estimates which fall between the values given in the table must be interpolated or computed using the formula given in appendix A.

Outpatient Psychiatric Services

Table IIIa. Standard error (expressed in percentage points) of a percent

Size of denominator	Estimated percent									
	5 OR 95	10 OR 90	15 OR 85	20 OR 80	25 OR 75	30 OR 70	35 OR 65	40 OR 60	45 OR 55	50
1,000	6.07	8.35	9.94	11.14	12.06	12.76	13.28	13.64	13.85	13.92
2,500	3.84	5.28	6.29	7.05	7.63	8.07	8.40	8.63	8.76	8.81
5,000	2.71	3.74	4.45	4.98	5.39	5.71	5.94	6.10	6.20	6.23
10,000	1.92	2.64	3.14	3.52	3.81	4.04	4.20	4.31	4.38	4.40
25,000	1.21	1.67	1.99	2.23	2.41	2.55	2.66	2.73	2.77	2.78
50,000	0.86	1.18	1.41	1.58	1.71	1.80	1.88	1.93	1.96	1.97
100,000	0.61	0.84	0.99	1.11	1.21	1.28	1.33	1.36	1.39	1.39
250,000	0.38	0.53	0.63	0.70	0.76	0.81	0.84	0.86	0.88	0.88
500,000	0.27	0.37	0.44	0.50	0.54	0.57	0.59	0.61	0.62	0.62
1,000,000	0.19	0.26	0.31	0.35	0.38	0.40	0.42	0.43	0.44	0.44

B = 77.556183

State and County Mental Hospital Inpatient Services

Table IIIb. Standard error (expressed in percentage points) of a percent

Size of denominator	Estimated percent									
	5 OR 95	10 OR 90	15 OR 85	20 OR 80	25 OR 75	30 OR 70	35 OR 65	40 OR 60	45 OR 55	50
1,000	0.71	0.97	1.16	1.30	1.41	1.49	1.55	1.59	1.61	1.62
2,500	0.45	0.62	0.73	0.82	0.89	0.94	0.98	1.01	1.02	1.03
5,000	0.32	0.44	0.52	0.58	0.63	0.67	0.69	0.71	0.72	0.73
10,000	0.22	0.31	0.37	0.41	0.44	0.47	0.49	0.50	0.51	0.51
25,000	0.14	0.19	0.23	0.26	0.28	0.30	0.31	0.32	0.32	0.32
50,000	0.10	0.14	0.16	0.18	0.20	0.21	0.22	0.22	0.23	0.23
100,000	0.07	0.10	0.12	0.13	0.14	0.15	0.15	0.16	0.16	0.16
250,000	0.04	0.06	0.07	0.08	0.09	0.09	0.10	0.10	0.10	0.10
400,000	0.04	0.05	0.06	0.06	0.07	0.07	0.08	0.08	0.08	0.08
500,000	0.03	0.04	0.05	0.06	0.06	0.07	0.07	0.07	0.07	0.07

B = 1.053279

Table IIIc. Standard error (expressed in percentage points) of a percent

Size of denominator	Estimated percent									
	5 OR 95	10 OR 90	15 OR 85	20 OR 80	25 OR 75	30 OR 70	35 OR 65	40 OR 60	45 OR 55	50
1,000	0.82	1.13	1.35	1.51	1.64	1.73	1.80	1.85	1.88	1.89
2,500	0.52	0.72	0.85	0.96	1.04	1.10	1.14	1.17	1.19	1.20
5,000	0.37	0.51	0.60	0.68	0.73	0.77	0.81	0.83	0.84	0.85
10,000	0.26	0.36	0.43	0.48	0.52	0.55	0.57	0.59	0.59	0.60
25,000	0.16	0.23	0.27	0.30	0.33	0.35	0.36	0.37	0.38	0.38
50,000	0.12	0.16	0.19	0.21	0.23	0.25	0.26	0.26	0.27	0.27
100,000	0.08	0.11	0.13	0.15	0.16	0.17	0.18	0.19	0.19	0.19
250,000	0.05	0.07	0.09	0.10	0.10	0.11	0.11	0.12	0.12	0.12
400,000	0.04	0.06	0.07	0.08	0.08	0.09	0.09	0.09	0.09	0.09
500,000	0.04	0.05	0.06	0.07	0.07	0.08	0.08	0.08	0.08	0.08

B = 1.429301

Example of use of table 111: The standard error of an estimate of 75 percent based on a denominator of 10,000 is found by reading down the column labeled "25 or 75" percent and across the row labeled "10,000". It is seen to be 0.52. Standard errors of estimates which fall between the values given in the table must be interpolated or computed using the formula given in appendix A.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

OMB No. 68-S74092
Approval Expires December 1975

SURVEY OF ADDITIONS TO INPATIENT SERVICE APRIL 1975

State and County Mental Hospitals

APRIL ADDITIONS | **FORM 2**

NIMH NUMBER	PATIENT NAME *(Optional)*	HOSPITAL CASE NUMBER

After completing form, tear here and return to NIMH

INSTRUCTIONS	QUESTIONS	
1. Enter case number assigned by hospital to this patient. *(Copy from above)*	1. PATIENT NUMBER:	
2. Date patient was last admitted, readmitted, or transferred to the inpatient service of this hospital.	2. DATE OF THIS ADMISSION:	*(Month)* *(Day)* *(Year)*
3. Enter four digits for year, for example, enter "1935" not "35".	3. DATE OF BIRTH:	*(Month)* *(Year)*
	4. SEX:	1 ☐ Male 2 ☐ Female
	5. RACE: (Check only one)	1 ☐ White 2 ☐ Negro or Black 3 ☐ Other
6. Spanish origin or descent - includes Mexican, Puerto Rican, Cuban, and other Spanish.	6. SPANISH ORIGIN OR DESCENT:	1 ☐ Yes 2 ☐ No
7. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married." **Never Married** - Persons who have never been married, or whose only marriages have been annulled. **Widowed** - Persons widowed and not remarried. **Separated or Divorced** - Persons divorced and not remarried; persons who have a legal separation, or who have parted due to marital discord.	7. MARITAL STATUS:	1 ☐ Married 2 ☐ Never Married 3 ☐ Widowed 4 ☐ Separated or Divorced 5 ☐ Unknown
8. Check highest grade of education completed. Do not count correspondence courses, or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education." If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed.	8. EDUCATION: (Check highest grade completed)	1 ☐ None 2 ☐ Grade School *(grades 1-8)* 3 ☐ Some High School *(grades 9-11)* 4 ☐ Completed High School *(grade 12)* 5 ☐ Some College *(1-3 years)* 6 ☐ 4 Year College Graduate or Graduate School 7 ☐ Vocational, Business, or Technical *(attended or completed)* 8 ☐ Special Education 9 ☐ Unknown

ADM 188-1
Rev. 12-74

After completing form, tear here and return to NIMH

INSTRUCTIONS	QUESTIONS	
9. Check the *one* facility, type of agency, or individual that was most meaningful in the referral to this hospital. If the patient learned of this facility from a general medium of communication, such as newspaper or radio, check "self." ***CHECK ONLY ONE***	**9. REFERRAL TO HOSPITAL:**	1 ☐ Self, Family or Friend 2 ☐ Police *(except Court or Correction Agency)* 3 ☐ Court or Correction Agency 4 ☐ Private Psychiatrist 5 ☐ Other Physician 6 ☐ State or County Psychiatric Hospital 7 ☐ Other Psychiatric Inpatient Service 8 ☐ Psychiatric Outpatient Clinic or Service 9 ☐ Other *(Specify):*
10. Indicate all earlier professional mental health care ever received by patient prior to this hospital stay. Please note the two main categories of previous care: Inpatient and noninpatient. ***CHECK ALL THAT APPLY***	**10. PREVIOUS PSYCHIATRIC CARE:**	**INPATIENT:** 1 ☐ This Hospital 2 ☐ Other State or County Mental Hospital 3 ☐ Other Psychiatric Inpatient Facility *(Specify):* **NONINPATIENT (e.g., Outpatient Care, Day Care):** 4 ☐ This Hospital 5 ☐ Private Psychiatrist 6 ☐ Other Noninpatient *(Specify):* 7 ☐ **NO PREVIOUS PSYCHIATRIC CARE** 8 ☐ **PREVIOUS PSYCHIATRIC CARE UNKNOWN**

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

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Approval Expires December 1975

SURVEY OF ADDITIONS TO INPATIENT SERVICE - APRIL 1975

State and County Mental Hospitals

FOLLOW-UP OF APRIL INPATIENT ADDITIONS SURVEY

FORM 4

NIMH NUMBER

INSTRUCTIONS	QUESTIONS
1. Case number assigned by hospital to this patient *(Please make sure this agrees with number entered on NIMH admission form for this patient).*	
2. Date of discharge, death, or placement on long-term leave.	*(Month)* *(Day)* *(Year)*
3. **Psychiatric Diagnosis:** List the final diagnoses at discharge showing the primary or underlying diagnosis on line a, and any other secondary diagnoses on lines b and c. Use the second edition of the American Psychiatric Association Diagnostic and Statistical Manual to express the diagnosis and DSM-II Code. If this manual is not available in your hospital, please report the name of the diagnosis ONLY. Note that diagnoses entered here refer to this hospital stay only. Diagnoses relating to an earlier stay which have no bearing on the present stay should NOT be included.	DSM-II CODE a. Primary _____ — — — • — — b. Other _____ — — — • — — c. Other _____ — — — • — —
4. **Types of treatment received by patient during this hospital stay.** ***Check all that apply.*** Indicate all types of treatment received by patient between the date of admission and date of discharge. Types of treatment are defined as follows: INDIVIDUAL THERAPY: Any form of treatment based on a one-to-one patient-therapist relationship regardless of the discipline of the therapist. FAMILY THERAPY: Planned therapeutic sessions involving the patient and his family. Family members are defined as parents, spouse, children, or other relatives living in the same household. GROUP THERAPY: Planned therapeutic sessions involving group dynamics or interaction among a number of patients. DRUG THERAPY: Psychotropic (i.e., tranquilizing or energizing) drugs.	1 ☐ Individual Therapy 2 ☐ Family Therapy 3 ☐ Group Therapy 4 ☐ Drug Therapy 5 ☐ Electric Shock Therapy 6 ☐ Detoxification 7 ☐ No Psychiatric Treatment Rendered 8 ☐ Other *(Specify):*
5. **Disposition of Case:**	1 ☐ Discharged or transferred from inpatient service WITH referral. (Go to item 6). 2 ☐ Discharged from inpatient service with NO referral. (Go to item 7). 3 ☐ Died while an inpatient. (Go to item 7).

ADM 186-3
Rev. 12-74

INSTRUCTIONS	QUESTIONS
6. **Referral upon Discharge** or transfer from the inpatient service of this hospital. ***CHECK ALL THAT APPLY***	INPATIENT CARE OUTSIDE THIS HOSPITAL 1 ☐ Other State or County Mental Hospital 2 ☐ Other Psychiatric Inpatient Facility 3 ☐ Alcohol Treatment Facility 4 ☐ Drug Abuse Treatment Facility 5 ☐ Nursing Home, Extended Care Facility 6 ☐ Other Inpatient Care *(Specify):* OTHER REFERRALS 7 ☐ Outpatient Psychiatric Unit of this hospital 8 ☐ Other Outpatient Psychiatric Clinic or Service 9 ☐ Private Psychiatrist 10 ☐ Other Physician 11 ☐ Court or Correction Agency 12 ☐ Other *(Specify):*
7. **Expected or Actual Principal Source of Payment** ***CHECK ONLY ONE***	1 ☐ Personal Payment *(Patient or family)* 2 ☐ Blue Cross 3 ☐ Commercial Insurance 4 ☐ Medicare 5 ☐ Medicaid 6 ☐ Other Government Payments *(Specify):* 7 ☐ No Charge 8 ☐ Other Source *(Specify):*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

OMB No. 68-S74092
Approval Expires December 1975

SURVEY OF ADDITIONS TO OUTPATIENT PSYCHIATRIC SERVICES – APRIL 1975

APRIL ADDITIONS | **FORM 2**

NIMH NUMBER	PATIENT NAME *(Optional)*	PATIENT CASE NUMBER

(After completing form, tear here and return to NIMH)

INSTRUCTIONS	QUESTIONS	
1. Enter case number assigned to this patient. *(copy from above)*	**1. PATIENT NUMBER:**	
2. Date patient was last admitted, readmitted, or transferred to this outpatient service.	**2. DATE OF THIS ADMISSION:**	*(Month)* *(Day)* *(Year)*
3. Enter four digits for year, for example, enter "1935" not "35".	**3. DATE OF BIRTH:**	*(Month)* *(Year)*
	4. SEX:	1 ☐ Male 2 ☐ Female
	5. RACE: **(Check only one)**	1 ☐ White 2 ☐ Negro or Black 3 ☐ Other
6. Spanish origin or descent - includes Mexican, Puerto Rican, Cuban, and other Spanish.	**6. SPANISH ORIGIN OR DESCENT:**	1 ☐ Yes 2 ☐ No
7. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married." **Never Married** - Persons who have never been married, or whose only marriages have been annulled. **Widowed** - Persons widowed and not remarried. **Separated or Divorced** - Persons divorced and not remarried; persons who have a legal separation, or who have parted due to marital discord.	**7. MARITAL STATUS:**	1 ☐ Married 2 ☐ Never Married 3 ☐ Widowed 4 ☐ Separated or Divorced 5 ☐ Unknown
8. Check highest grade of education completed. Do not count correspondence courses, or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education." If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed.	**8. EDUCATION:** **(Check highest grade completed)**	1 ☐ None 2 ☐ Grade school *(grades 1-8)* 3 ☐ Some high school *(grades 9-11)* 4 ☐ Completed high school *(grade 12)* 5 ☐ Some college *(1-3 years)* 6 ☐ 4 year college graduate or graduate school 7 ☐ Vocational, business, or technical *(attended or completed)* 8 ☐ Special education 9 ☐ Unknown

ADM 186-2
Rev. 12-74

After completing form, tear here and return to NIMH

INSTRUCTIONS	QUESTIONS	
9. Check the *one* facility, type of agency, or individual that was most meaningful in the referral to this facility. If the patient learned of this facility from a general medium of communication, such as newspaper or radio, check "self." ***CHECK ONLY ONE***	**9. REFERRAL TO FACILITY:**	1 ☐ Self, Family or Friend 2 ☐ Police *(except court or correction agency)* 3 ☐ Court or Correction Agency 4 ☐ Private Psychiatrist 5 ☐ Other Physician 6 ☐ State or County Psychiatric Hospital 7 ☐ Other Psychiatric Inpatient Service 8 ☐ Psychiatric Outpatient Clinic or Service 9 ☐ Other *(Specify):*
10. Indicate all earlier professional mental health care ever received by patient prior to this episode. Please note the two main categories of previous care: Inpatient and noninpatient. ***CHECK ALL THAT APPLY***	**10. PREVIOUS PSYCHIATRIC CARE:**	**INPATIENT:** 1 ☐ State or County Mental Hospital 2 ☐ Other Psychiatric Inpatient Facility *(Specify):* **NONINPATIENT (e.g., Outpatient Care, Day Care):** 3 ☐ This Clinic or Outpatient Service 4 ☐ Private Psychiatrist 5 ☐ Other Noninpatient *(Specify):* 6 ☐ **NO PREVIOUS PSYCHIATRIC CARE** 7 ☐ **PREVIOUS PSYCHIATRIC CARE UNKNOWN**

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NATIONAL INSTITUTE OF MENTAL HEALTH

OMB No. 68-S74092
Approval Expires December 1975

SURVEY OF ADDITIONS TO OUTPATIENT PSYCHIATRIC SERVICES - APRIL 1975

FOLLOW-UP OF APRIL OUTPATIENT ADDITIONS SURVEY

FORM 3

NIMH NUMBER

1. **Case number assigned to this patient.** *(Please make sure this agrees with number entered on NIMH admission form for this patient.)* NUMBER _____

Complete either 2A or 2B below:

2A. **Services Not Terminated:**

☐ Patient still in treatment

a. Appointment scheduled for _____

b. Last interview was _____

2B. **Services Terminated:**

1. Services Terminated (answer a or b):

a. *Services Discontinued by Client*

1 ☐ Dropped out of or rejected treatment

2 ☐ Other *(e.g., died, moved, etc.)*

b. *Services Discontinued by Facility*

3 ☐ In need of further treatment

4 ☐ Not in need of further treatment *(Includes discontinuations by mutual consent)*

5 ☐ Unknown

2. Date of last clinic visit:

MONTH _____ DAY _____ YEAR _____

Complete the remaining questions for both persons who have terminated services and those who are still in treatment. The questions refer to this person's current admission to this clinic or outpatient service, that is, the services provided since the patient's date of last admission. *(see question 2 on form 2)*

INSTRUCTIONS	QUESTIONS
3. Types of Services Received INTAKE - Application, screening or intake interviews followed by the decision not to proceed to diagnostic or treatment services. Include instances where the patient withdrew before service beyond intake could be provided; the clinic decided that service beyond intake was inappropriate or unavailable; or referral was made to another facility before diagnostic or evaluative service or treatment had been given. DIAGNOSTIC & EVALUATIVE - Evaluation of the patient and his problems *(mental, intellectual, emotional and/or environmental).* Evaluative service is primarily to aid a referring agency *(school, social agency, physician, court, etc.)* in planning for the patient. Do not include those situations in which treatment was provided. TREATMENT - Include all instances in which treatment was provided. Treatment may or may not have followed diagnostic study and may or may not have been completed as planned. If this category is checked, type of treatment must be specified in item 6.	**Service Received:** *(Check all that apply)* 1 ☐ Intake only 2 ☐ Diagnostic/evaluation only 3 ☐ Treatment

4. INDIVIDUAL SESSIONS
Count as one individual session any session in which only one person received an in-person service about his mental health problem or such problems within his family unit. If persons unrelated to this individual are also present *(e.g., on individual and his minister, or a child and his schoolteacher),* this should still be counted as an individual session. Include intake & diagnostic sessions.

FAMILY SESSIONS
Count as one family session any session in which two or more family members are present. Family members include spouse, parents, and children plus other relatives who live in the same household. Other unrelated persons may or may not be present. This does not affect the way this session is counted.

GROUP SESSIONS
Count as one group session any session in which two or more unrelated individuals received an in-person service about their own mental health problem or such problems within their family unit. This includes both groups of individuals and groups of families.

Enter number of interviews by type below:

THERAPIST	TYPE OF INTERVIEW		
	Individual	Family	Group
Psychiatrist			
Psychologist			
Social Worker			
Psychiatric Nurse			
Other *(Specify):*			

ADM 186-4
Rev. 12-74

5. **Psychiatric Diagnosis:**
List the final diagnoses at discharge showing the primary or underlying diagnosis on line a, and any other secondary diagnoses on lines b and c. Use the second edition of the American Psychiatric Association Diagnostic and Statistical Manual to express the diagnosis and DSM-II Code. If this manual is not available, please report the name of the diagnosis ONLY.

Note that diagnoses entered here refer to this episode only. Diagnoses relating to an earlier episode which have no bearing on the present episode should not be included.

DSM-II CODE

a. Primary _____ — — — • — —

b. Other _____ — — — • — —

c. Other _____ — — — • — —

6. **Types of treatment received by patient during this episode.** ***Check all that apply.***

Indicate all types of treatment received by patient between the date of admission and date of discharge.

Types of treatment are defined as follows:

Individual Therapy: Any form of treatment based on a one-to-one patient-therapist relationship regardless of the discipline of the therapist.

Family Therapy: Planned therapeutic sessions involving the patient and his family. Family members are defined as parents, spouse, children, or other relatives living in the same household.

Group Therapy: Planned therapeutic sessions involving group dynamics or interaction among a number of patients.

Drug Therapy: Psychotropic *(i.e., tranquilizing or energizing)* drugs.

1 ☐ Individual Therapy
2 ☐ Family Therapy
3 ☐ Group Therapy
4 ☐ Drug Therapy
5 ☐ Electric Shock Therapy
6 ☐ Detoxification
7 ☐ No Psychiatric Treatment Rendered
8 ☐ Other *(Specify):*

7. Referral upon termination of outpatient services

CHECK ALL THAT APPLY

INPATIENT CARE

1 ☐ State or County Mental Hospital
2 ☐ Other Psychiatric Inpatient Facility
3 ☐ Alcohol Treatment Facility
4 ☐ Drug Abuse Treatment Facility
5 ☐ Nursing Home, Extended Care Facility
6 ☐ Other Inpatient Care *(Specify):*

OTHER REFERRALS

7 ☐ Other Outpatient Psychiatric Clinic or Service
8 ☐ Private Psychiatrist
9 ☐ Other Physician
10 ☐ Court or Correction Agency
11 ☐ Other *(Specify):*

8. Expected or actual principal source of payment

CHECK ONLY ONE

1 ☐ Personal Payment *(Patient or Family)*
2 ☐ Blue Cross
3 ☐ Commercial Insurance
4 ☐ Medicare
5 ☐ Medicaid
6 ☐ Other Government Payments *(Specify):*

7 ☐ No Charge
8 ☐ Other Source *(Specify):*

APPENDIX B

TABLES

TABLE B-1

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE, SEX, RACE, AND ETHNICITY, UNITED STATES, 1975: NUMBER, PERCENT AND RATE PER 100,000 POPULATION

AGE, SEX, RACE AND ETHNICITY	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	NUMBER OF CLIENTS						
TOTAL UNDER 18.....	83,368	15,426	25,252	42,690	11,067	31,623	358,061
AGE							
UNDER 5.....	416	*	*	*	*	*	17,734
5-9.....	2,470	550	1,187	733	551	*	111,743
10-14.....	25,834	4,639	9,974	11,221	2,530	8,691	134,202
15-17.....	54,648	10,231	13,966	30,451	7,701	22,750	94,382
SEX							
MALE.....	43,891	7,611	16,318	19,962	6,606	13,356	227,411
FEMALE.....	39,477	7,815	8,934	22,728	4,461	18,267	130,650
RACE							
WHITE.....	65,928	13,853	17,548	34,527	7,599	26,928	280,501
BLACK.....	16,548	1,417	7,427	7,704	3,414	4,290	68,294
OTHER.....	892	156	277	459	*	*	9,266
ETHNICITY							
HISPANIC ORIGIN...	5,304	533	742	4,029	1,840	2,189	15,731
	PERCENT DISTRIBUTION 2/						
TOTAL UNDER 18.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
AGE							
UNDER 5.....	.5	*	*	*	*	*	5.0
5-9.....	3.0	3.6	4.7	1.7	5.0	*	31.2
10-14.....	31.0	30.1	39.5	26.3	22.9	27.5	37.5
15-17.....	65.6	66.3	55.3	71.3	69.6	71.9	26.4
SEX							
MALE.....	52.6	49.3	64.6	46.8	59.7	42.2	63.5
FEMALE.....	47.4	50.7	35.4	53.2	40.3	57.8	36.5
RACE							
WHITE.....	79.1	89.8	69.5	80.9	68.7	85.2	78.3
BLACK.....	19.8	9.2	29.4	18.0	30.8	13.6	19.1
OTHER.....	1.1	1.0	1.1	1.1	*	*	2.6
ETHNICITY							
HISPANIC ORIGIN...	6.4	3.5	2.9	9.4	16.6	6.9	4.4

SEE FOOTNOTES AT END OF TABLE.

TABLE B-1 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE, SEX, RACE, AND ETHNICITY, UNITED STATES, 1975: NUMBER, PERCENT AND RATE PER 100,000 POPULATION-CONTINUED

AGE, SEX, RACE AND ETHNICITY	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	RATE PER 100,000 POPULATION 3/						
TOTAL UNDER 18.....	125.8	23.3	38.1	64.4	16.7	47.7	540.4
AGE							
UNDER 5.....	2.6	*	*	*	*	*	111.6
5-9.....	14.2	3.2	6.8	4.2	3.2	*	644.6
10-14.....	126.5	22.7	48.8	55.0	12.4	42.6	657.3
15-17.....	433.4	81.1	110.8	241.5	61.1	180.4	748.5
SEX							
MALE.....	130.0	22.5	48.3	59.1	19.6	39.6	673.5
FEMALE.....	121.5	24.1	27.5	70.0	13.7	56.2	402.1
RACE							
WHITE.....	118.8	25.0	31.6	62.2	13.7	48.5	505.6
BLACK.....	173.3	14.8	77.8	80.7	35.8	44.9	715.2
OTHER.....	72.5	12.7	22.5	37.3	*	*	752.7
ETHNICITY							
HISPANIC ORIGIN...	106.8	10.7	14.9	81.1	37.1	44.1	316.8

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

2/ PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

3/ POPULATION ESTIMATES USED AS DENOMINATORS IN RATE COMPUTATIONS ARE FROM THE CURRENT POPULATION REPORTS OF THE BUREAU OF THE CENSUS, SERIES P-25, NO.614; AND SERIES P-20, NO.290.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

TABLE B-2

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRIMARY PSYCHIATRIC DIAGNOSIS, UNITED STATES, 1975

AGE BY PRIMARY DIAGNOSIS	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
MENTAL RETARDATION..	2.4	2.0	5.0	*	*	*	4.2
ALCOHOL & DRUG DISORDERS.....	4.3	1.7	2.1	6.4	6.3	6.5	*
DEPRESSIVE DISORDERS.....	13.5	19.7	2.7	17.7	13.8	19.0	2.0
SCHIZOPHRENIA.....	16.8	16.5	17.7	16.4	19.9	15.1	2.1
NEUROSES.....	5.5	3.9	3.8	7.0	*	8.3	1.7
PERSONALITY DISORDERS.....	9.1	10.2	10.4	8.0	11.7	6.7	3.7
ADJUST REACTIONS OF C & Y.....	30.5	32.3	33.7	28.0	21.0	30.4	45.4
BEHAVIOR DISORDERS OF C & Y.....	12.9	9.2	20.6	9.7	13.2	8.4	14.8
OTHER DIAGNOSIS.....	5.0	4.5	4.0	5.8	7.4	5.2	25.8

SEE FOOTNOTES AT END OF TABLE.

TABLE B-2 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRIMARY PSYCHIATRIC DIAGNOSIS, UNITED STATES, 1975-CONTINUED

AGE BY PRIMARY DIAGNOSIS	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
MENTAL RETARDATION..	11.8	*	13.3	*	*	*	5.0
ALCOHOL & DRUG DISORDERS.....	*	*	*	*	*	*	*
DEPRESSIVE DISORDERS.....	4.3	17.6	*	*	*	*	.7
SCHIZOPHRENIA.....	*	*	*	*	*	*	*
NEUROSES.....	6.9	*	*	*	*	*	2.1
PERSONALITY DISORDERS.....	*	*	*	*	*	*	1.3
ADJUST REACTIONS OF C & Y.....	10.6	*	*	*	*	*	48.3
BEHAVIOR DISORDERS OF C & Y.....	50.3	26.3	50.7	63.0	76.7	*	14.6
OTHER DIAGNOSIS.....	*	*	*	*	*	*	27.3
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
MENTAL RETARDATION..	1.9	2.3	*	*	*	*	3.2
ALCOHOL & DRUG DISORDERS.....	2.1	*	*	*	*	*	*
DEPRESSIVE DISORDERS.....	10.1	15.4	3.7	13.6	*	12.2	2.3
SCHIZOPHRENIA.....	6.3	7.8	5.5	6.4	*	*	2.1
NEUROSES.....	6.9	5.0	9.0	*	*	*	1.3
PERSONALITY DISORDERS.....	7.3	7.2	10.8	*	*	*	2.4
ADJUST REACTIONS OF C & Y.....	43.6	41.8	41.9	45.7	22.8	52.4	48.2
BEHAVIOR DISORDERS OF C & Y.....	18.7	14.7	22.8	16.6	21.4	15.3	18.0
OTHER DIAGNOSIS.....	3.1	5.2	2.3	*	*	*	22.2

SEE FOOTNOTES AT END OF TABLE.

TABLE B-2 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRIMARY PSYCHIATRIC DIAGNOSIS, UNITED STATES, 1975-CONTINUED

AGE BY PRIMARY DIAGNOSIS	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
MENTAL RETARDATION..	2.2	1.5	5.1	*	*	*	4.7
ALCOHOL & DRUG DISORDERS.....	5.5	2.1	3.6	7.4	7.1	7.6	*
DEPRESSIVE DISORDERS.....	15.6	21.8	2.0	19.7	13.7	21.8	3.2
SCHIZOPHRENIA.....	22.4	20.8	27.7	20.6	24.0	19.4	3.9
NEUROSES.....	4.7	3.0	*	7.4	*	8.7	1.7
PERSONALITY DISORDERS.....	10.3	11.3	10.9	9.6	12.9	8.5	8.8
ADJUST REACTIONS OF C & Y.....	25.4	29.4	30.2	21.9	22.0	21.9	37.6
BEHAVIOR DISORDERS OF C & Y.....	8.2	5.8	16.2	5.3	3.6	5.9	10.4
OTHER DIAGNOSIS.....	5.8	4.2	4.3	7.0	10.3	5.8	28.8

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-3

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRIOR PSYCHIATRIC CARE, UNITED STATES, 1975

AGE BY PRIOR PSYCHIATRIC CARE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT SAME HOSP.	20.2	19.1	17.3	22.2	23.5	21.8	*
OTHER INPATIENT.....	22.1	23.6	30.4	16.6	17.2	16.3	4.4
NONINPATIENT SAME HOSPITAL OR SERVICE.....	4.3	5.5	5.2	3.3	9.4	*	15.1
PRIVATE PSYCHIATRIST	18.9	26.1	7.5	23.0	12.7	26.7	2.0
OTHER NONINPATIENT..	15.2	9.2	21.5	13.6	9.9	14.9	7.3
NO PRIOR PSYCH CARE.	38.5	34.6	36.0	41.3	44.2	40.3	73.8
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
INPATIENT SAME HOSP.	11.3	*	*	*	*	*	*
OTHER INPATIENT.....	*	*	*	*	*	*	.5
NONINPATIENT SAME HOSPITAL OR SERVICE.....	5.0	*	*	*	*	*	11.9
PRIVATE PSYCHIATRIST	5.1	*	*	*	*	*	1.0
OTHER NONINPATIENT..	15.6	*	26.4	*	*	*	6.1
NO PRIOR PSYCH CARE.	62.4	74.1	50.8	70.9	64.6	*	81.1

SEE FOOTNOTES AT END OF TABLE.

TABLE B-3 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRIOR PSYCHIATRIC CARE, UNITED STATES, 1975-CONTINUED

AGE BY PRIOR PSYCHIATRIC CARE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT SAME HOSP.	12.4	15.2	9.4	13.9	36.3	*	*
OTHER INPATIENT.....	15.0	19.0	19.5	9.3	*	9.0	4.4
NONINPATIENT SAME HOSPITAL OR SERVICE.....	3.9	6.8	2.5	*	*	*	18.0
PRIVATE PSYCHIATRIST	16.7	23.0	6.9	22.9	*	26.3	.9
OTHER NONINPATIENT..	21.5	10.0	35.6	13.8	22.3	11.3	7.7
NO PRIOR PSYCH CARE.	42.3	39.1	38.4	47.1	29.5	52.2	71.1
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT SAME HOSP.	24.3	21.4	24.0	25.4	19.2	27.5	*
OTHER INPATIENT.....	26.4	27.0	40.3	19.8	21.2	19.3	9.7
NONINPATIENT SAME HOSPITAL OR SERVICE.....	4.4	4.9	7.0	3.1	7.4	*	15.6
PRIVATE PSYCHIATRIST	20.7	28.8	7.7	23.9	14.5	27.0	4.7
OTHER NONINPATIENT..	12.1	8.9	11.0	13.8	6.1	16.3	8.2
NO PRIOR PSYCH CARE.	35.4	30.4	33.0	38.2	46.8	35.3	67.6

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY HAVE RECEIVED MORE THAN ONE TYPE OF PRIOR PSYCHIATRIC CARE. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-4

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND SOURCE OF REFERRAL, UNITED STATES, 1975

AGE BY REFERRAL SOURCE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SELF FAMILY FRIEND..	19.6	16.1	14.3	24.0	23.2	24.3	25.8
POLICE COURT OR CORRECTION.....	17.2	10.3	33.1	10.2	16.2	8.1	9.5
PRIVATE PSYCHIATRIST	18.3	42.0	2.0	19.3	10.4	22.5	.9
OTHER PHYSICIAN.....	6.9	8.4	5.8	7.0	4.9	7.7	10.9
INPATIENT PSYCH SVC.	6.6	4.4	10.1	5.2	*	6.3	1.3
OUTPATIENT PSYCH SVC	9.1	7.4	18.3	4.3	7.0	3.3	4.0
OTHER.....	22.4	11.4	16.4	30.0	36.1	27.9	47.7
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
SELF FAMILY FRIEND..	18.5	25.0	*	*	*	*	24.6
POLICE COURT OR CORRECTION.....	*	*	*	*	*	*	1.3
PRIVATE PSYCHIATRIST	9.6	22.3	*	*	*	*	1.7
OTHER PHYSICIAN.....	8.7	*	*	*	*	*	16.6
INPATIENT PSYCH SVC.	*	*	*	*	*	*	*
OUTPATIENT PSYCH SVC	18.4	10.8	22.6	*	*	*	4.6
OTHER.....	38.7	27.3	37.7	46.4	*	*	51.1

SEE FOOTNOTES AT END OF TABLE.

TABLE B-4 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND SOURCE OF REFERRAL, UNITED STATES, 1975-CONTINUED

AGE BY REFERRAL SOURCE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SELF FAMILY FRIEND..	20.6	17.8	15.3	26.5	19.3	28.6	26.0
POLICE COURT OR CORRECTION.....	17.9	7.6	28.4	12.8	*	13.6	11.4
PRIVATE PSYCHIATRIST	18.4	45.2	*	21.9	17.1	23.3	.4
OTHER PHYSICIAN.....	6.1	8.2	*	*	*	*	8.6
INPATIENT PSYCH SVC.	4.7	3.8	8.4	*	*	*	1.0
OUTPATIENT PSYCH SVC	14.1	7.2	24.6	7.7	14.7	*	3.9
OTHER.....	18.2	10.2	12.9	26.1	29.2	25.3	48.8
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SELF FAMILY FRIEND..	19.2	14.9	13.6	23.2	24.5	22.8	27.1
POLICE COURT OR CORRECTION.....	17.6	11.9	39.2	9.5	19.6	6.1	18.1
PRIVATE PSYCHIATRIST	18.7	41.7	*	18.9	8.9	22.3	*
OTHER PHYSICIAN.....	7.2	8.3	3.9	8.3	5.2	9.3	6.2
INPATIENT PSYCH SVC.	7.6	4.9	11.8	6.6	*	8.7	3.2
OUTPATIENT PSYCH SVC	6.2	7.3	13.4	2.5	2.9	2.4	3.2
OTHER.....	23.6	11.1	16.9	30.9	38.5	28.3	41.6

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-5

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND TYPE OF TREATMENT, UNITED STATES, 1975

AGE BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	80.1	92.9	61.7	86.3	84.6	86.9	54.0
FAMILY THERAPY.....	34.2	42.1	35.3	30.6	21.2	33.9	33.5
GROUP THERAPY.....	58.8	71.2	61.2	52.9	42.3	56.6	7.5
DRUG THERAPY.....	57.0	64.5	48.7	59.3	48.6	63.0	3.3
OTHER PSYCH TRT.....	21.7	22.2	23.1	20.6	19.0	21.2	3.7
NO PSYCH TREATMENT..	2.4	1.5	3.0	2.4	*	1.8	32.4
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
INDIVIDUAL THERAPY..	85.7	95.3	77.4	91.2	100.0	*	50.2
FAMILY THERAPY.....	45.3	73.4	49.2	24.8	30.1	*	41.6
GROUP THERAPY.....	35.2	58.3	43.4	*	*	*	6.7
DRUG THERAPY.....	41.8	52.7	54.5	*	*	*	2.1
OTHER PSYCH TRT.....	18.4	16.0	28.3	*	*	*	6.4
NO PSYCH TREATMENT..	*	*	*	*	*	*	34.9

SEE FOOTNOTES AT END OF TABLE.

TABLE B-5 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND TYPE OF TREATMENT, UNITED STATES, 1975-CONTINUED

AGE BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	76.3	93.0	45.5	96.7	100.0	95.8	57.9
FAMILY THERAPY.....	40.9	44.1	36.0	44.0	38.3	45.6	33.6
GROUP THERAPY.....	61.8	73.2	64.0	55.1	63.6	52.6	8.5
DRUG THERAPY.....	51.4	59.0	46.8	52.2	41.6	55.3	4.9
OTHER PSYCH TRT.....	21.0	19.1	32.8	11.3	19.4	8.9	2.9
NO PSYCH TREATMENT..	1.6	*	*	*	*	*	28.2
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	81.6	92.7	71.8	82.3	77.9	83.9	53.8
FAMILY THERAPY.....	30.4	39.5	33.6	25.9	14.6	29.7	22.5
GROUP THERAPY.....	58.6	71.0	60.9	53.4	38.3	58.6	6.9
DRUG THERAPY.....	60.5	67.6	49.6	63.2	53.6	66.4	2.7
OTHER PSYCH TRT.....	22.1	24.0	15.7	24.5	20.0	26.0	1.1
NO PSYCH TREATMENT..	2.4	2.0	2.7	2.4	*	*	34.9

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE MORE THAN ONE TYPE OF THERAPY. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-6

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED DIAGNOSTIC GROUPINGS, UNITED STATES, 1975

PRIMARY DIAGNOSIS BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	80.1	92.9	61.7	86.3	84.6	86.9	54.0
FAMILY THERAPY.....	34.2	42.1	35.3	30.6	21.2	33.9	33.5
GROUP THERAPY.....	58.8	71.2	61.2	52.9	42.3	56.6	7.5
DRUG THERAPY.....	57.0	64.5	48.7	59.3	48.6	63.0	3.3
OTHER PSYCH TRT.....	21.7	22.2	23.1	20.6	19.0	21.2	3.7
NO PSYCH TREATMENT..	2.4	1.5	3.0	2.4	*	1.8	32.4
	DEPRESSIVE DISORDERS						
NUMBER OF CLIENTS...	11,258	3,045	671	7,542	1,527	6,015	7,101
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	88.0	93.7	96.3	85.0	92.5	83.1	61.5
FAMILY THERAPY.....	28.0	39.7	29.8	23.1	26.7	22.2	28.9
GROUP THERAPY.....	63.2	73.3	59.0	59.5	54.4	60.8	*
DRUG THERAPY.....	59.6	63.4	47.8	59.2	48.8	61.8	*
OTHER PSYCH TRT.....	17.6	26.8	26.1	13.1	18.6	*	*
NO PSYCH TREATMENT..	2.1	*	*	*	*	*	23.7

SEE FOOTNOTES AT END OF TABLE.

TABLE B-6 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED DIAGNOSTIC GROUPINGS, UNITED STATES, 1975-CONTINUED

PRIMARY DIAGNOSIS BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	SCHIZOPHRENIA						
NUMBER OF CLIENTS...	13,995	2,552	4,458	6,985	2,203	4,782	7,442
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	72.7	92.2	42.0	85.2	78.3	88.4	69.6
FAMILY THERAPY.....	42.3	36.1	48.0	41.0	15.2	52.9	31.8
GROUP THERAPY.....	54.7	68.7	49.4	53.0	19.7	68.3	*
DRUG THERAPY.....	77.3	85.2	61.8	84.3	65.2	93.1	35.9
OTHER PSYCH TRT.....	24.9	24.5	8.1	35.8	17.1	44.4	*
NO PSYCH TREATMENT..	*	*	*	*	*	*	25.6
	NEUROSES & PERSONALITY DISORDERS						
NUMBER OF CLIENTS...	12,152	2,160	3,593	6,399	1,658	4,741	19,272
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	85.3	94.6	67.5	92.1	90.3	92.7	61.9
FAMILY THERAPY.....	31.2	43.6	33.7	25.5	*	26.5	37.4
GROUP THERAPY.....	60.4	69.5	74.7	49.2	48.4	49.5	7.1
DRUG THERAPY.....	55.1	59.4	34.0	65.4	64.0	66.0	*
OTHER PSYCH TRT.....	15.3	23.5	11.0	14.9	*	*	3.5
NO PSYCH TREATMENT..	*	*	*	*	*	*	20.6

SEE FOOTNOTES AT END OF TABLE.

TABLE B-6 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED DIAGNOSTIC GROUPINGS, UNITED STATES, 1975-CONTINUED

PRIMARY DIAGNOSIS BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	ADJUST REACTIONS OF C & Y						
NUMBER OF CLIENTS...	25,451	4,980	8,521	11,950	2,323	9,627	162,612
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	78.2	92.8	58.5	86.1	79.6	87.7	58.2
FAMILY THERAPY.....	38.9	46.3	38.4	36.1	24.7	38.9	38.5
GROUP THERAPY.....	61.9	73.5	66.7	53.6	58.1	52.5	8.8
DRUG THERAPY.....	54.8	59.6	46.8	58.6	37.5	63.7	.7
OTHER PSYCH TRT.....	21.9	15.0	31.4	18.1	24.1	16.7	2.5
NO PSYCH TREATMENT..	2.2	*	*	*	*	*	25.9
	BEHAVIOR DISORDERS OF C & Y						
NUMBER OF CLIENTS...	10,752	1,419	5,206	4,127	1,462	2,665	52,831
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	82.8	94.7	76.7	86.4	100.0	78.9	52.2
FAMILY THERAPY.....	38.5	47.9	36.9	37.2	28.6	41.9	37.2
GROUP THERAPY.....	53.7	77.0	61.4	36.1	27.8	*	10.4
DRUG THERAPY.....	48.3	52.4	49.6	45.2	31.7	52.6	5.3
OTHER PSYCH TRT.....	34.3	26.8	37.0	33.5	*	45.3	2.6
NO PSYCH TREATMENT..	*	*	*	*	*	*	31.4

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE MORE THAN ONE TYPE OF THERAPY. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-7

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY SEX, RACE, AND TYPE OF TREATMENT, UNITED STATES, 1975

SEX AND RACE BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	80.1	92.9	61.7	86.3	84.6	86.9	54.0
FAMILY THERAPY.....	34.2	42.1	35.3	30.6	21.2	33.9	33.5
GROUP THERAPY.....	58.8	71.2	61.2	52.9	42.3	56.6	7.5
DRUG THERAPY.....	57.0	64.5	48.7	59.3	48.6	63.0	3.3
OTHER PSYCH TRT.....	21.7	22.2	23.1	20.6	19.0	21.2	3.7
NO PSYCH TREATMENT..	2.4	1.5	3.0	2.4	*	1.8	32.4
	SEX: MALE						
NUMBER OF CLIENTS...	43,891	7,611	16,318	19,962	6,606	13,356	227,411
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	77.4	92.0	63.4	83.4	75.5	87.3	53.5
FAMILY THERAPY.....	31.5	41.8	32.6	26.7	16.3	31.8	31.5
GROUP THERAPY.....	58.8	69.3	67.3	47.8	38.6	52.4	6.4
DRUG THERAPY.....	58.0	67.3	55.2	56.7	51.2	59.4	3.1
OTHER PSYCH TRT.....	21.1	22.1	23.4	19.0	14.4	21.2	2.7
NO PSYCH TREATMENT..	3.2	1.6	3.2	3.8	*	*	33.7

SEE FOOTNOTES AT END OF TABLE.

TABLE B-7 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY SEX, RACE, AND TYPE OF TREATMENT, UNITED STATES, 1975-CONTINUED

SEX AND RACE BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	SEX: FEMALE						
NUMBER OF CLIENTS...	39,477	7,815	8,934	22,728	4,461	18,267	130,650
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	83.0	93.7	58.6	88.9	98.0	86.7	55.0
FAMILY THERAPY.....	37.1	42.5	40.3	34.0	28.4	35.4	37.1
GROUP THERAPY.....	58.8	73.1	50.1	57.4	47.9	59.7	9.4
DRUG THERAPY.....	56.0	61.8	36.8	61.5	44.8	65.6	3.7
OTHER PSYCH TRT.....	22.2	22.4	22.6	22.1	25.8	21.1	5.4
NO PSYCH TREATMENT..	1.5	1.4	*	*	*	*	30.1
	RACE: WHITE						
NUMBER OF CLIENTS...	65,928	13,853	17,548	34,527	7,599	26,928	280,501
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	82.2	93.2	65.5	86.2	82.1	87.4	55.1
FAMILY THERAPY.....	38.3	42.5	43.3	34.1	26.3	36.3	35.9
GROUP THERAPY.....	61.0	69.9	66.9	54.4	52.8	54.8	8.3
DRUG THERAPY.....	58.7	64.9	48.2	61.6	47.5	65.5	2.8
OTHER PSYCH TRT.....	22.1	22.0	25.7	20.3	24.2	19.1	4.2
NO PSYCH TREATMENT..	2.7	1.6	3.0	2.9	*	2.2	30.8

SEE FOOTNOTES AT END OF TABLE.

TABLE B-7 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY SEX, RACE, AND TYPE OF TREATMENT, UNITED STATES, 1975-CONTINUED

SEX AND RACE BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	RACE: ALL OTHER RACES						
NUMBER OF CLIENTS...	17,440	1,573	7,704	8,163	3,468	4,695	77,560
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	72.1	90.1	52.9	86.8	90.0	84.4	50.2
FAMILY THERAPY.....	18.4	38.7	17.2	15.7	*	19.9	25.2
GROUP THERAPY.....	50.5	82.3	48.2	46.6	19.4	66.7	4.6
DRUG THERAPY.....	50.7	61.2	50.0	49.5	50.9	48.4	5.1
OTHER PSYCH TRT.....	20.1	24.1	17.3	22.0	*	32.8	2.0
NO PSYCH TREATMENT..	*	*	*	*	*	*	38.2

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE MORE THAN ONE TYPE OF THERAPY. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-8

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRINCIPAL SOURCE OF PAYMENT, UNITED STATES, 1975

AGE BY PRINCIPAL SOURCE OF PAYMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PERSONAL PAYMENT....	7.8	2.8	14.9	5.4	6.8	4.9	41.9
BLUE CROSS.....	22.9	37.1	11.6	24.5	19.8	26.2	3.9
OTHER COMMERCIAL INSURANCE.....	24.6	34.6	13.5	27.5	14.7	31.9	4.5
MEDICAID.....	19.7	7.8	13.2	27.9	41.8	23.0	13.1
OTHER GOVT.....	19.3	16.7	30.0	13.8	14.1	13.7	12.0
NO CHARGE.....	5.1	*	16.2	*	*	*	24.3
OTHER.....	.6	*	*	*	*	*	.3
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
PERSONAL PAYMENT....	5.6	*	*	*	*	*	48.2
BLUE CROSS.....	9.5	32.9	*	*	*	*	4.2
OTHER COMMERCIAL INSURANCE.....	15.9	23.9	13.3	*	*	*	4.4
MEDICAID.....	41.4	*	30.0	73.4	89.4	*	12.5
OTHER GOVT.....	16.5	27.0	22.9	*	*	*	13.9
NO CHARGE.....	*	*	*	*	*	*	16.3
OTHER.....	*	*	*	*	*	*	*

SEE FOOTNOTES AT END OF TABLE.

TABLE B-8 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND PRINCIPAL SOURCE OF PAYMENT, UNITED STATES, 1975-CONTINUED

AGE BY PRINCIPAL SOURCE OF PAYMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PERSONAL PAYMENT....	3.9	*	7.6	*	*	*	40.4
BLUE CROSS.....	17.2	33.8	11.5	15.5	16.1	15.3	3.0
OTHER COMMERCIAL INSURANCE.....	26.6	34.5	17.2	31.7	14.7	36.7	6.4
MEDICAID.....	23.7	9.4	18.1	34.5	59.0	27.4	16.1
OTHER GOVT.....	22.8	20.2	31.9	15.7	*	18.5	9.0
NO CHARGE.....	5.5	*	13.7	*	*	*	25.0
OTHER.....	*	*	*	*	*	*	*
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PERSONAL PAYMENT....	9.7	3.4	20.5	6.9	9.8	6.0	35.5
BLUE CROSS.....	26.3	38.8	12.8	28.4	23.2	30.1	4.9
OTHER COMMERCIAL INSURANCE.....	24.0	35.2	10.9	26.3	15.5	30.0	1.8
MEDICAID.....	16.7	7.0	8.2	23.9	30.9	21.5	9.5
OTHER GOVT.....	17.8	14.6	29.4	13.5	17.9	12.0	13.5
NO CHARGE.....	4.7	*	17.1	*	*	*	34.4
OTHER.....	.7	*	*	*	*	*	*

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-9

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED PRINCIPAL PAYMENT SOURCES, UNITED STATES, 1975

PRINCIPAL SOURCE OF PAYMENT BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	80.1	92.9	61.7	86.3	84.6	86.9	54.0
FAMILY THERAPY.....	34.2	42.1	35.3	30.6	21.2	33.9	33.5
GROUP THERAPY.....	58.8	71.2	61.2	52.9	42.3	56.6	7.5
DRUG THERAPY.....	57.0	64.5	48.7	59.3	48.6	63.0	3.3
OTHER PSYCH TRT.....	21.7	22.2	23.1	20.6	19.0	21.2	3.7
NO PSYCH TREATMENT..	2.4	1.5	3.0	2.4	*	1.8	32.4
	PERSONAL PAYMENT						
NUMBER OF CLIENTS...	6,487	431	3,757	2,299	758	1,541	150,166
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	61.9	80.7	62.2	58.0	75.9	49.2	58.8
FAMILY THERAPY.....	23.1	*	19.8	29.6	*	*	41.1
GROUP THERAPY.....	47.4	47.8	35.5	66.9	47.6	76.3	6.7
DRUG THERAPY.....	62.5	45.0	56.7	75.3	49.5	88.1	3.3
OTHER PSYCH TRT.....	20.9	42.5	20.4	17.6	*	*	5.4
NO PSYCH TREATMENT..	7.1	*	*	*	*	*	26.6
	BLUE CROSS						
NUMBER OF CLIENTS...	19,126	5,723	2,934	10,469	2,195	8,274	14,047
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	87.6	90.1	72.9	90.3	86.1	91.5	64.3
FAMILY THERAPY.....	40.3	42.1	62.1	33.1	21.3	36.2	41.9
GROUP THERAPY.....	63.6	70.1	86.4	53.7	46.0	55.8	10.6
DRUG THERAPY.....	55.7	66.0	33.3	56.3	30.6	63.1	*
OTHER PSYCH TRT.....	19.9	15.9	5.1	26.2	15.0	29.2	*
NO PSYCH TREATMENT..	1.3	1.9	*	*	*	*	24.4

SEE FOOTNOTES AT END OF TABLE.

TABLE B-9 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED PRINCIPAL PAYMENT SOURCES, UNITED STATES, 1975-CONTINUED

PRINCIPAL SOURCE OF PAYMENT BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	OTHER COMMERCIAL INSURANCE						
NUMBER OF CLIENTS...	20,470	5,338	3,408	11,724	1,629	10,095	16,067
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	85.7	95.4	68.8	86.2	88.8	85.8	51.0
FAMILY THERAPY.....	41.2	44.1	62.3	33.7	35.2	33.5	45.8
GROUP THERAPY.....	61.4	68.7	77.3	53.5	61.3	52.2	*
DRUG THERAPY.....	63.3	66.0	40.4	68.8	56.2	70.8	*
OTHER PSYCH TRT.....	27.0	24.6	60.2	18.4	47.7	13.6	*
NO PSYCH TREATMENT..	*	*	*	*	*	*	27.1
	MEDICAID						
NUMBER OF CLIENTS...	16,443	1,205	3,339	11,899	4,621	7,278	46,819
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	82.2	96.5	57.7	87.7	86.3	88.5	56.6
FAMILY THERAPY.....	25.2	38.4	24.3	24.2	18.4	27.8	28.5
GROUP THERAPY.....	49.4	83.7	50.7	45.5	30.1	55.3	10.1
DRUG THERAPY.....	56.8	62.4	72.5	51.9	48.7	53.8	3.4
OTHER PSYCH TRT.....	20.1	41.5	12.3	20.1	7.9	27.9	*
NO PSYCH TREATMENT..	*	*	*	*	*	*	35.9
	OTHER GOVT						
NUMBER OF CLIENTS...	16,072	2,576	7,588	5,908	1,565	4,343	42,955
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INDIVIDUAL THERAPY..	75.1	94.4	58.5	88.1	78.4	91.6	43.3
FAMILY THERAPY.....	37.0	43.8	36.4	34.8	*	42.7	26.4
GROUP THERAPY.....	65.4	76.1	66.3	59.6	46.0	64.6	7.8
DRUG THERAPY.....	48.1	61.1	38.8	54.2	65.5	50.2	*
OTHER PSYCH TRT.....	16.0	18.5	13.2	18.6	25.9	16.0	7.1
NO PSYCH TREATMENT..	1.8	*	*	*	*	*	41.8

SEE FOOTNOTES AT END OF TABLE.

TABLE B-9 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY TYPE OF TREATMENT FOR SELECTED PRINCIPAL PAYMENT SOURCES, UNITED STATES, 1975-CONTINUED

PRINCIPAL SOURCE OF PAYMENT BY TYPE OF TREATMENT	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	NO CHARGE						
NUMBER OF CLIENTS...	4,277	*	4,081	*	*	*	87,068
TOTAL.....	100.0%	*	100.0%	*	*	*	100.0%
INDIVIDUAL THERAPY..	57.1	*	55.1	*	*	*	48.9
FAMILY THERAPY.....	13.9	*	12.6	*	*	*	23.5
GROUP THERAPY.....	50.0	*	51.0	*	*	*	6.9
DRUG THERAPY.....	57.5	*	56.7	*	*	*	4.1
OTHER PSYCH TRT.....	34.4	*	35.6	*	*	*	1.0
NO PSYCH TREATMENT..	*	*	*	*	*	*	37.6

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE MORE THAN ONE TYPE OF THERAPY. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-10

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY LENGTH OF STAY FOR SELECTED PRINCIPAL SOURCES OF PAYMENT, UNITED STATES, 1975

PRINCIPAL SOURCE OF PAYMENT BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	TOTAL					
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	21.8	13.5	13.6	29.6	31.9	28.8
8-30 DAYS.....	34.7	31.9	20.8	44.0	43.1	44.4
31-60 DAYS.....	14.2	22.7	11.5	12.7	14.6	12.0
61 DAYS AND OVER....	29.3	32.0	54.1	13.7	10.5	14.9
	PERSONAL PAYMENT					
NUMBER OF CLIENTS...	6,487	431	3,757	2,299	758	1,541
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	33.7	*	36.9	32.9	*	*
8-30 DAYS.....	30.1	38.5	17.1	49.7	49.6	*
31-60 DAYS.....	11.5	*	11.9	*	*	*
61 DAYS AND OVER....	24.7	43.6	34.1	*	*	*
	BLUE CROSS					
NUMBER OF CLIENTS...	19,126	5,723	2,934	10,469	2,195	8,274
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	19.2	14.2	*	26.7	39.8	23.2
8-30 DAYS.....	33.3	32.6	*	34.8	26.8	36.9
31-60 DAYS.....	23.6	25.1	*	21.7	*	22.5
61 DAYS AND OVER....	23.8	28.2	40.1	16.9	*	17.4

SEE FOOTNOTES AT END OF TABLE.

TABLE B-10 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY LENGTH OF STAY FOR SELECTED PRINCIPAL SOURCES OF PAYMENT, UNITED STATES, 1975-CONTINUED

PRINCIPAL SOURCE OF PAYMENT BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	OTHER COMMERCIAL INSURANCE					
NUMBER OF CLIENTS...	20,470	5,338	3,408	11,724	1,629	10,095
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	23.7	14.0	*	32.2	33.0	32.0
8-30 DAYS.....	32.9	28.3	5.1	43.0	53.2	41.4
31-60 DAYS.....	13.7	22.2	*	11.8	*	12.3
61 DAYS AND OVER....	29.7	35.4	78.3	13.0	*	14.3
	MEDICAID					
NUMBER OF CLIENTS...	16,443	1,205	3,339	11,899	4,621	7,278
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	23.3	13.7	27.0	23.3	24.0	22.8
8-30 DAYS.....	42.7	44.7	10.3	51.5	44.4	56.0
31-60 DAYS.....	9.7	14.9	11.1	8.8	16.9	*
61 DAYS AND OVER....	24.3	26.6	51.5	16.4	14.7	17.5
	OTHER GOVT					
NUMBER OF CLIENTS...	16,072	2,576	7,588	5,908	1,565	4,343
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	21.0	11.5	8.3	41.4	48.8	38.8
8-30 DAYS.....	37.0	31.2	33.5	44.1	41.7	44.9
31-60 DAYS.....	9.6	23.8	6.5	*	*	*
61 DAYS AND OVER....	32.3	33.6	51.6	*	*	*

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, AND DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-11

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY PRINCIPAL SOURCE OF PAYMENT AND NUMBER OF VISITS, UNITED STATES, 1975

PRINCIPAL SOURCE OF PAYMENT BY NUMBER OF VISITS	NUMBER OF VISITS				
	TOTAL	ONE VISIT	2-5 VISITS	6-10 VISITS	MORE THAN 10
NUMBER OF CLIENTS...	358,061	84,895	162,107	66,261	44,798
TOTAL.....	100.0%	23.7%	45.3%	18.5%	12.5%
PERSONAL PAYMENT....	100.0	18.0	52.3	16.2	13.4
BLUE CROSS.....	100.0	21.6	42.6	28.5	7.3
OTHER COMMERCIAL INSURANCE.....	100.0	23.3	44.9	17.6	14.2
MEDICAID.....	100.0	20.8	38.3	30.8	10.1
OTHER GOVT.....	100.0	24.5	52.5	13.1	9.9
NO CHARGE.....	100.0	35.1	33.5	17.2	14.2
OTHER.....	100.0	*	*	*	*

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-12

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND LENGTH OF STAY, UNITED STATES, 1975

AGE BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	TOTAL UNDER 18					
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	21.8	13.5	13.6	29.6	31.9	28.8
8-30 DAYS.....	34.7	31.9	20.8	44.0	43.1	44.4
31-60 DAYS.....	14.2	22.7	11.5	12.7	14.6	12.0
61 DAYS AND OVER....	29.3	32.0	54.1	13.7	10.5	14.9
	UNDER 10					
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*
LESS THAN 8 DAYS....	*	*	*	*	*	*
8-30 DAYS.....	19.1	26.6	*	37.2	45.3	*
31-60 DAYS.....	16.2	22.7	*	*	*	*
61 DAYS AND OVER....	56.7	50.7	92.4	*	*	*
	10-14					
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	16.5	12.4	16.1	18.5	19.6	18.2
8-30 DAYS.....	32.7	27.9	13.8	51.5	33.6	56.8
31-60 DAYS.....	13.7	20.2	12.1	12.5	15.6	11.6
61 DAYS AND OVER....	37.1	39.6	58.1	17.4	31.3	13.4

SEE FOOTNOTES AT END OF TABLE.

TABLE B-12 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND LENGTH OF STAY, UNITED STATES, 1975-CONTINUED

AGE BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	15-17					
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	25.0	14.7	12.8	34.0	39.4	32.2
8-30 DAYS.....	36.5	34.0	27.6	41.5	45.9	40.0
31-60 DAYS.....	14.3	23.8	12.0	12.1	11.8	12.2
61 DAYS AND OVER....	24.2	27.5	47.6	12.4	*	15.6

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, AND DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-13

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY SEX, RACE, AND LENGTH OF STAY, UNITED STATES, 1975

SEX AND RACE BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	TOTAL					
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	21.8	13.5	13.6	29.6	31.9	28.8
8-30 DAYS.....	34.7	31.9	20.8	44.0	43.1	44.4
31-60 DAYS.....	14.2	22.7	11.5	12.7	14.6	12.0
61 DAYS AND OVER....	29.3	32.0	54.1	13.7	10.5	14.9
	SEX: MALE					
NUMBER OF CLIENTS...	43,891	7,611	16,318	19,962	6,606	13,356
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	19.6	12.7	10.6	29.7	32.2	28.5
8-30 DAYS.....	36.3	32.9	25.7	46.4	41.1	49.0
31-60 DAYS.....	13.5	22.2	8.2	14.6	20.1	11.9
61 DAYS AND OVER....	30.5	32.2	55.5	9.4	6.7	10.7
	SEX: FEMALE					
NUMBER OF CLIENTS...	39,477	7,815	8,934	22,728	4,461	18,267
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	24.1	14.2	19.1	29.5	31.4	29.0
8-30 DAYS.....	33.0	31.0	11.9	41.9	46.0	41.0
31-60 DAYS.....	14.9	23.1	17.5	11.0	*	12.1
61 DAYS AND OVER....	28.0	31.7	51.5	17.6	16.1	17.9

SEE FOOTNOTES AT END OF TABLE.

TABLE B-13 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY SEX, RACE, AND LENGTH OF STAY, UNITED STATES, 1975-CONTINUED

SEX AND RACE BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	RACE: WHITE					
NUMBER OF CLIENTS...	65,928	13,853	17,548	34,527	7,599	26,928
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	22.1	14.4	12.1	30.2	29.3	30.4
8-30 DAYS.....	33.0	31.2	16.2	42.3	46.8	41.0
31-60 DAYS.....	15.5	22.5	15.5	12.7	12.2	12.8
61 DAYS AND OVER....	29.4	31.9	56.2	14.9	11.7	15.8
	RACE: ALL OTHER RACES					
NUMBER OF CLIENTS...	17,440	1,573	7,704	8,163	3,468	4,695
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	20.6	*	17.0	27.1	37.4	19.4
8-30 DAYS.....	41.4	38.3	31.3	51.4	34.9	63.6
31-60 DAYS.....	9.2	23.8	2.4	12.7	19.9	*
61 DAYS AND OVER....	28.9	32.9	49.3	*	*	*

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, AND DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-14

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY LENGTH OF STAY FOR SELECTED DIAGNOSTIC GROUPINGS, UNITED STATES, 1975

PRIMARY DIAGNOSIS BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
	TOTAL					
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	21.8	13.5	13.6	29.6	31.9	28.8
8-30 DAYS.....	34.7	31.9	20.8	44.0	43.1	44.4
31-60 DAYS.....	14.2	22.7	11.5	12.7	14.6	12.0
61 DAYS AND OVER....	29.3	32.0	54.1	13.7	10.5	14.9
	DEPRESSIVE DISORDERS					
NUMBER OF CLIENTS...	11,258	3,045	671	7,542	1,527	6,015
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	36.2	13.5	*	46.0	48.4	45.4
8-30 DAYS.....	25.4	26.7	*	25.8	32.5	24.1
31-60 DAYS.....	16.3	23.3	*	13.6	*	16.5
61 DAYS AND OVER....	22.1	36.5	41.0	14.6	*	13.9
	SCHIZOPHRENIA					
NUMBER OF CLIENTS...	13,995	2,552	4,458	6,985	2,203	4,782
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	14.1	12.3	9.3	17.9	34.5	*
8-30 DAYS.....	33.1	32.1	28.9	36.2	38.4	35.2
31-60 DAYS.....	14.6	26.3	*	16.4	*	18.5
61 DAYS AND OVER....	38.2	29.3	56.8	29.5	*	36.1

SEE FOOTNOTES AT END OF TABLE.

TABLE B-14 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE (EXCLUDING DEATHS) TO SELECTED INPATIENT PSYCHIATRIC SERVICES 1/ BY LENGTH OF STAY FOR SELECTED DIAGNOSTIC GROUPINGS, UNITED STATES, 1975-CONTINUED

PRIMARY DIAGNOSIS BY LENGTH OF STAY	INPATIENT PSYCHIATRIC SERVICES					
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP
NEUROSES & PERSONALITY DISORDERS						
NUMBER OF CLIENTS...	12,152	2,160	3,593	6,399	1,658	4,741
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	16.2	9.2	*	23.9	*	29.1
8-30 DAYS.....	45.3	30.9	33.6	56.8	58.6	56.1
31-60 DAYS.....	16.9	29.1	28.3	*	*	*
61 DAYS AND OVER....	21.7	30.9	31.5	13.0	*	*
ADJUST REACTIONS OF C & Y						
NUMBER OF CLIENTS...	25,451	4,980	8,521	11,950	2,323	9,627
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	20.8	15.0	22.3	22.1	35.6	18.8
8-30 DAYS.....	37.0	34.0	10.7	57.0	43.0	60.4
31-60 DAYS.....	13.2	22.2	6.7	14.0	21.5	12.2
61 DAYS AND OVER....	29.1	28.8	60.3	6.9	*	8.5
BEHAVIOR DISORDERS OF C & Y						
NUMBER OF CLIENTS...	10,752	1,419	5,206	4,127	1,462	2,665
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
LESS THAN 8 DAYS....	10.1	11.8	*	20.5	*	*
8-30 DAYS.....	32.1	31.0	23.2	43.8	42.8	44.4
31-60 DAYS.....	14.7	18.0	15.1	*	*	*
61 DAYS AND OVER....	43.0	39.2	60.2	22.5	*	*

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, AND DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-15

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE, SEX, RACE, AND NUMBER OF VISITS, UNITED STATES, 1975

AGE, SEX AND RACE BY NUMBER OF VISITS	NUMBER OF VISITS				
	TOTAL	ONE VISIT	2-5 VISITS	6-10 VISITS	MORE THAN 10
NUMBER OF CLIENTS...	358,061	84,895	162,107	66,261	44,798
TOTAL.....	100.0%	23.7%	45.3%	18.5%	12.5%
UNDER 5.....	100.0	27.0	54.8	5.7	12.5
5-9.....	100.0	16.2	52.4	16.3	15.1
10-14.....	100.0	21.1	43.6	20.3	15.1
15-17.....	100.0	35.7	37.5	21.0	5.8
SEX					
MALE.....	100.0	23.3	44.5	18.9	13.3
FEMALE.....	100.0	24.5	46.6	17.8	11.1
RACE					
WHITE.....	100.0	23.6	46.0	18.1	12.3
BLACK.....	100.0	24.5	43.0	17.5	15.0
OTHER.....	100.0	21.8	39.6	38.5	*

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-16

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY PRIMARY PSYCHIATRIC DIAGNOSIS AND NUMBER OF VISITS, UNITED STATES, 1975

PRIMARY DIAGNOSIS BY NUMBER OF VISITS	NUMBER OF VISITS				
	TOTAL	ONE VISIT	2-5 VISITS	6-10 VISITS	MORE THAN 10
NUMBER OF CLIENTS...	358,061	84,895	162,107	66,261	44,798
TOTAL.....	100.0%	23.7%	45.3%	18.5%	12.5%
MENTAL RETARDATION..	100.0	33.9	59.2	5.9	*
DEPRESSIVE DISORDERS.....	100.0	36.3	42.6	12.7	*
SCHIZOPHRENIA.....	100.0	*	50.1	*	24.5
NEUROSES & PERSONALITY DISORDERS.....	100.0	21.3	47.4	24.0	7.2
ADJUST REACTIONS OF C & Y.....	100.0	18.2	45.8	21.1	14.9
BEHAVIOR DISORDERS OF C & Y.....	100.0	21.9	47.4	17.9	12.8
OTHER DIAGNOSIS.....	100.0	33.7	40.4	15.5	10.5

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-17

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND REFERRAL ON DISCHARGE, UNITED STATES, 1975

AGE BY REFERRAL ON DISCHARGE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	TOTAL UNDER 18						
NUMBER OF CLIENTS...	83,368	15,426	25,252	42,690	11,067	31,623	358,061
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT PSYCH SVC.	9.4	5.8	6.7	12.4	20.9	9.4	2.5
OTHER INPATIENT.....	5.1	4.5	3.2	6.5	3.3	7.6	1.0
OUTPATIENT PSYCH SVC	22.6	17.5	22.1	24.7	34.7	21.2	5.4
PRIV PSYCHIATRIST...	23.4	32.8	*	33.7	12.7	41.1	.4
OTH PHYSICIAN.....	1.7	2.5	*	2.1	*	2.5	.5
COURT OR CORRECTION.	6.6	3.4	13.1	3.8	7.0	2.7	3.2
OTHER NONINPATIENT..	5.7	3.7	4.4	7.2	8.9	6.6	4.0
DISCHARGED WITH NO REFERRAL.....	16.4	18.7	13.0	17.5	19.5	16.8	46.9
NOT DISCHARGED.....	15.4	17.0	40.3	0.0	0.0	0.0	36.6

SEE FOOTNOTES AT END OF TABLE.

TABLE B-17 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND REFERRAL ON DISCHARGE, UNITED STATES, 1975-CONTINUED

AGE BY REFERRAL ON DISCHARGE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	UNDER 10						
NUMBER OF CLIENTS...	2,886	556	1,312	1,018	836	*	129,477
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%
INPATIENT PSYCH SVC.	*	*	*	*	*	*	1.7
OTHER INPATIENT.....	*	*	*	*	*	*	1.2
OUTPATIENT PSYCH SVC	36.0	34.0	22.6	54.4	66.3	*	6.3
PRIV PSYCHIATRIST...	4.0	20.5	*	*	*	*	.9
OTH PHYSICIAN.....	*	*	*	*	*	*	*
COURT OR CORRECTION.	*	*	*	*	*	*	*
OTHER NONINPATIENT..	*	*	*	*	*	*	6.2
DISCHARGED WITH NO REFERRAL.....	12.6	*	*	*	*	*	47.1
NOT DISCHARGED.....	33.9	27.9	62.7	0.0	0.0	0.0	35.9
	10-14						
NUMBER OF CLIENTS...	25,834	4,639	9,974	11,221	2,530	8,691	134,202
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT PSYCH SVC.	5.1	6.1	*	8.6	*	*	1.3
OTHER INPATIENT.....	5.0	4.7	2.7	7.1	*	*	*
OUTPATIENT PSYCH SVC	19.3	16.4	15.0	24.3	50.7	16.6	5.1
PRIV PSYCHIATRIST...	22.4	32.9	*	37.8	*	46.2	*
OTH PHYSICIAN.....	.4	*	*	*	*	*	*
COURT OR CORRECTION.	7.2	2.7	12.0	*	*	*	2.2
OTHER NONINPATIENT..	5.0	3.5	*	7.2	12.5	*	3.4
DISCHARGED WITH NO REFERRAL.....	15.7	16.9	14.6	16.3	16.4	16.3	45.1
NOT DISCHARGED.....	23.9	21.5	51.9	0.0	0.0	0.0	42.3

SEE FOOTNOTES AT END OF TABLE.

TABLE B-17 (CONTINUED)

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE AND REFERRAL ON DISCHARGE, UNITED STATES, 1975-CONTINUED

AGE BY REFERRAL ON DISCHARGE	INPATIENT PSYCHIATRIC SERVICES						OUTPATIENT PSYCHIATRIC SERVICES
	TOTAL INPATIENT PSYCH SERVICES	PRIVATE	STATE AND COUNTY	TOTAL GEN HOSP	PUBLIC GEN HOSP	NONPUBLIC GEN HOSP	
	15-17						
NUMBER OF CLIENTS...	54,648	10,231	13,966	30,451	7,701	22,750	94,382
TOTAL.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
INPATIENT PSYCH SVC.	11.7	5.7	10.4	14.2	25.3	10.5	5.4
OTHER INPATIENT.....	5.5	4.7	3.9	6.5	4.4	7.2	*
OUTPATIENT PSYCH SVC	23.4	17.2	27.1	23.8	26.0	23.1	4.7
PRIV PSYCHIATRIST...	24.9	33.5	*	33.4	15.3	39.5	*
OTH PHYSICIAN.....	2.4	3.0	*	2.8	*	3.4	*
COURT OR CORRECTION.	6.6	3.9	15.2	3.6	8.9	*	8.3
OTHER NONINPATIENT..	5.9	3.9	5.6	6.6	5.8	6.9	1.8
DISCHARGED WITH NO REFERRAL.....	16.9	19.9	12.9	17.7	21.5	16.4	49.3
NOT DISCHARGED.....	10.4	14.4	30.0	0.0	0.0	0.0	29.6

1/ INCLUDES ADMISSIONS TO THE INPATIENT SERVICES OF STATE AND COUNTY AND PRIVATE MENTAL HOSPITALS, DISCHARGES FROM NON-FEDERAL GENERAL HOSPITALS WITH SEPARATE PSYCHIATRIC INPATIENT UNITS, AND ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE MORE THAN ONE DISCHARGE REFERRAL. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-18

SELECTED CHARACTERISTICS OF ADMISSIONS UNDER 18 YEARS OF AGE WHO DROPPED OUT OF TREATMENT PRIOR TO DISCHARGE COMPARED WITH THOSE WHO DID NOT DROP OUT OF TREATMENT: NON-FEDERAL GENERAL HOSPITAL PSYCHIATRIC INPATIENT UNITS AND SELECTED OUTPATIENT PSYCHIATRIC SERVICES, 1/ UNITED STATES, 1975

SELECTED CLIENT CHARACTERISTICS	NON-FEDERAL GENERAL HOSPITALS		OUTPATIENT PSYCHIATRIC SERVICES	
	DROPOUTS	ALL OTHERS	DROPOUTS	ALL OTHERS 2/
NUMBER OF CLIENTS.....	3,415	39,275	111,572	246,489
TOTAL.....	100.0%	100.0%	100.0%	100.0%
AGE				
UNDER 10.....	*	2.6	32.0	38.0
10-14.....	*	26.9	36.3	38.0
15-17.....	80.5	70.5	31.7	23.9
SEX				
MALE.....	49.6	46.5	60.1	65.0
FEMALE.....	50.4	53.5	39.9	35.0
RACE				
WHITE.....	84.8	80.5	78.5	78.3
ALL OTHER RACES.....	*	19.5	21.5	21.7
ETHNICITY				
HISPANIC ORIGIN.....	*	9.8	7.0	3.2
PRIMARY DIAGNOSIS				
DEPRESSIVE DISORDERS..	20.7	17.4	2.0	2.0
SCHIZOPHRENIA.....	*	17.3	1.6	2.3
NEUROSES & PERSONALITY DISORDERS.....	22.1	14.4	5.5	5.3
ADJUST REACTIONS OF C & Y.....	38.9	27.0	49.4	43.6
BEHAVIOR DISORDERS OF C & Y.....	*	10.1	12.0	16.0
OTHER DIAGNOSIS.....	*	13.8	29.5	30.8
SOURCE OF REFERRAL				
SELF FAMILY FRIEND....	24.3	24.0	29.4	24.1
POLICE COURT OR CORRECTION.....	*	10.1	8.1	10.1
PRIVATE PSYCHIATRIST OR OTHER PHYSICIAN..	23.5	26.5	7.9	13.5
OUTPATIENT PSYCH SVC..	*	4.5	3.2	4.4
OTHER.....	38.4	34.9	51.4	47.9

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.
2/ INCLUDES CLIENTS STILL IN TREATMENT AT THE END OF THE SURVEY PERIOD.
* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.
NOTE: PERCENTAGES MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-19

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY AGE, SEX, RACE, AND TYPE OF THERAPIST, UNITED STATES, 1975

AGE, SEX AND RACE BY TYPE OF THERAPIST	TOTAL	PSYCHIATRIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER THERAPIST
NUMBER OF CLIENTS...	358,061	78,170	145,411	182,222	63,829
TOTAL.....	100.0%	21.8%	40.6%	50.9%	17.8%
UNDER 5.....	100.0	16.1	56.0	49.3	22.2
5-9.....	100.0	20.4	48.5	48.5	14.2
10-14.....	100.0	21.5	39.5	50.0	19.4
15-17.....	100.0	25.1	30.0	55.2	19.0
SEX					
MALE.....	100.0	21.6	40.5	50.8	17.2
FEMALE.....	100.0	22.2	40.8	51.0	18.9
RACE					
WHITE.....	100.0	22.7	44.0	48.2	15.2
BLACK.....	100.0	17.0	27.3	61.6	29.4
OTHER.....	100.0	30.5	35.6	52.8	13.3

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

NOTE: PERSONS MAY RECEIVE TREATMENT FROM MORE THAN ONE TYPE OF THERAPIST. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-20

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY PRIMARY DIAGNOSIS AND TYPE OF THERAPIST, UNITED STATES, 1975

PRIMARY DIAGNOSIS BY TYPE OF THERAPIST	TOTAL	PSYCHIATRIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER THERAPIST
NUMBER OF CLIENTS...	358,061	78,170	145,411	182,222	63,829
TOTAL.....	100.0%	21.8%	40.6%	50.9%	17.8%
MENTAL RETARDATION..	100.0	29.6	62.4	27.1	6.0
DEPRESSIVE DISORDERS.....	100.0	44.1	14.2	53.7	*
SCHIZOPHRENIA.....	100.0	47.5	31.4	50.1	30.0
NEUROSES & PERSONALITY DISORDERS.....	100.0	51.3	31.1	44.4	20.3
ADJUST REACTIONS OF C & Y.....	100.0	17.9	43.0	52.3	11.9
BEHAVIOR DISORDERS OF C & Y.....	100.0	26.4	48.5	54.0	17.7
OTHER DIAGNOSIS.....	100.0	15.1	33.1	51.6	29.4

1/ INCLUDES ADMISSIONS TO FREESTANDING OUTPATIENT PSYCHIATRIC CLINICS AND OUTPATIENT SERVICES AFFILIATED WITH OTHER MENTAL HEALTH FACILITIES, EXCLUDING FEDERALLY ASSISTED CMHCS.

* FIVE OR FEWER SAMPLE CASES - ESTIMATE NOT SHOWN BECAUSE IT DOES NOT MEET STANDARDS OF RELIABILITY.

NOTE: PERSONS MAY RECEIVE TREATMENT FROM MORE THAN ONE TYPE OF THERAPIST. THUS, PERCENTAGES MAY ADD TO MORE THAN 100%.

TABLE B-21

DISTRIBUTION OF ADMISSIONS UNDER 18 YEARS OF AGE TO SELECTED OUTPATIENT PSYCHIATRIC SERVICES 1/ BY PRINCIPAL SOURCE OF PAYMENT AND TYPE OF THERAPIST, UNITED STATES, 1975

PRINCIPAL SOURCE OF PAYMENT BY TYPE OF THERAPIST	TOTAL	PSYCHIATRIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER THERAPIST
NUMBER OF CLIENTS...	358,061	78,170	145,411	182,222	63,829
TOTAL.....	100.0%	21.8%	40.6%	50.9%	17.8%
PERSONAL PAYMENT....	100.0	21.8	43.3	52.3	10.9
BLUE CROSS.....	100.0	20.7	48.8	55.1	28.4
OTHER COMMERCIAL INSURANCE.....	100.0	30.2	53.4	37.3	30.9
MEDICAID.....	100.0	23.7	43.0	57.7	15.3
OTHER GOVT.....	100.0	22.3	51.7	37.0	18.1
NO CHARGE.....	100.0	19.2	24.9	53.8	26.9
OTHER.....	100.0	*	100.0	*	*

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